REC'D MAY 18 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14655

Do not use this space.

1. PLACE OF DEATH
(a) County: Greene
(b) Township:
(c) City: Springfield
Registration District No.: 318
Primary Registration District No.: 2001
Registered No.: 352
(d) Street No.: 2009 N. Oakland St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: CARL EDWIN BASORE
(a) Residence, No.: 2009 N. Oakland St.
(Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~: Opal M. Basore
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 28 - 1916
7. AGE: Years 21 | Months 4 | Days 23 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Boiler maker apprentice
9. Industry or business in which work was done, as saw mill, bank, etc.: Fabric Shops
10. Date deceased last worked at this occupation (month and year): ✓
11. Total time (years) spent in this occupation: ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

FATHER
13. NAME: Wm. Basore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

MOTHER
15. MAIDEN NAME: Sarah Knee
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

17. INFORMANT (ADDRESS): Opal M. Basore, Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Greenlawn DATE: April 24, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): J. W. Lingenfelter, Springfield, Mo.

20. FILED: Apr. 24, 1938 Chas. A. Gorgas, Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to Apr. 21, 1938
I last saw ~~him~~ alive on Apr. 21, 1938. Death is said to have occurred on the date stated above, at 11:55 a.m.
The principal cause of death and related causes of importance were as follows:

Subacute Bacterial Endocarditis

Date of onset

Other contributory causes of importance: N/A

Name of operation: Blood Culture Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) L. D. Liddy, M. D.
(Address) 923 N. Main

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, J B Klingner #3358 and Warren D. Noblett #4 Wm. Max Rhodes, or by Registered Apprentice No. #117, working under my personal supervision. and Roy A. Cavin #1763

Signed J B Klingner

Licensed Embalmer No. 3358

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.