

REC'D JUN 7 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

18699

Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 470425E
 (b) Township _____ Primary Registration District No. 5633 Registered No. 62
 (c) City Mt. Vernon (d) Street No. _____ 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

Eula Ralph Baswell
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Eula R. Baswell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 24 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 7 3

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

12. BIRTHPLACE (CITY OR TOWN) Mt. Vernon, Mo.
 (STATE OR COUNTRY)

FATHER 13. NAME Wesley M. Baswell

14. BIRTHPLACE (CITY OR TOWN) Lawrence Co., Mo.
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Irene Jennings

16. BIRTHPLACE (CITY OR TOWN) Lawrence Co., Mo.
 (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs. E. R. Baswell
Mt. Vernon, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Marionville DATE May 29 38

19. FUNERAL DIRECTOR (ADDRESS) Walter J. Federal House
Marionville, Mo.

20. FILED May 28 1938 P. A. Howell
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27 1938

22. I HEREBY CERTIFY, That I attended deceased from after death to _____, 19____.

I last saw h. _____ alive on about 7 A.M., 19____. Death is said to have occurred on the date stated above, at _____ A. M.

The principal cause of death and related causes of importance were as follows:

Heart attack Date of onset 5/27/38

Death sudden

N.M.D.

Other contributory causes of importance:

200

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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) Herman Burridge (Coroner)

Address Aurora Mo.

STATEMENT BY LICENSED EMBALMER

I, Aaron Bradford, Licensed Embalmer No. 2304

hereby certify that the body recorded on the reverse side of this certificate was embalmed by him, personally

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Aaron Bradford,
Licensed Embalmer No. 2304

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