

REC'D MAR 9 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

5385
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 391
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. Lakeside Hospital Registered No. 584
 (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

Joseph David Basler
 (a) Residence, No. Hickman Mills, Mo. R.R. 1 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) Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Febr. 11, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or 10 min. 7 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as saw mill, bank, etc. None
 10. Date deceased last worked at this occupation (month and year) None 11. Total time (years) spent in this occupation None

12. BIRTHPLACE (CITY OR TOWN) Kansas City (STATE OR COUNTRY) Missouri

13. NAME Joseph Michael Basler

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) Germany

15. MAIDEN NAME Marie Louise Ziegler

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) Germany

17. INFORMANT Joseph M. Ziegler (ADDRESS) Hickman Mills, Mo. R.R. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill, KC Mo. DATE Febr. 13, 1939

19. FUNERAL DIRECTOR (NAME) Endicott Malvern (ADDRESS) 6900 Forest Ave. K.C. Mo.

20. FILED 7-12-1939 M. M. Brown Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Febr. 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from 7/11, 1939 to 7/11, 1939
 I last saw him alive on 7/11, 1939 Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:

asphyxiation
1618

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
 If so, specify NO
 (Signed) Roy Young
 (Address) 253-4 W. 9th St. Bldg

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, _____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.)

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