

DEC'D MAR 9 1939

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

5478

Do not use this space.

1. PLACE OF DEATH

(a) County Dixon
(b) Township W. Kan
(c) City Kansas City
(e) Length of residence in city or town where death occurredRegistration District No. 399Primary Registration District No. 1002Registered No. 677(d) Street No. 700 Genl Hrb St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 1300 Penn

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

7

4. COLOR OR RACE

W.5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFHerbert C Basinger

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

11-21-1897

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.41222

OCCUPATION

8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc.Housework9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Mo.

FATHER

13. NAME

Wm Holland14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Michigan

MOTHER

15. MAIDEN NAME

Hattie Cook16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Wisconsin17. INFORMANT
(ADDRESS)De was a Clerk
700 Genl Hrb KC Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

2-17193919. FUNERAL DIRECTOR (NAME)
(ADDRESS)Walter B. Lapetina
538 Campbell St & 8th

20. FILED

7/171939M. M. BrownLocal Registrar

MEDICAL CERTIFICATE OF DEATH

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

2-13 1939

22. I HEREBY CERTIFY, That I attended deceased, from

12-3, 1938 to 2-13, 1939I last saw her alive on 2-13, 1939 Death is saidto have occurred on the date stated above, at 7:00 p.m.

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

Chronic PelvicInflammatoryDiseaseChronic Nephritiswith hematuria

Name of operation..... 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?.....

If so, specify.....

(Signed) W. H. De Marco, M. D.(Address) Superior Genl Hrb KC Mo

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.