

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

40306

Do not use this space.

**1. PLACE OF DEATH**

(a) County Monroe Registration District No. 581  
 (b) Township 1 Primary Registration District No. 4343 Registered No. 94  
 (c) City Monroe City (d) Street No. 426 First Street 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** Lemuel Lewis Baskett

(a) Residence, No. 426 First Street Monroe city 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 (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
71 3 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman  
 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) Marion County Missouri (STATE OR COUNTRY)

FATHER 13. NAME Joseph Baskett

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

MOTHER 15. MAIDEN NAME Fannie McCrae

16. BIRTHPLACE (CITY OR TOWN) Marion County Missouri (STATE OR COUNTRY)

17. INFORMANT Mrs. Taylor (ADDRESS) 301 North 7th

18. BURIAL, CREMATION, OR REMOVAL PLACE Family Cemetery DATE 11/19/39

19. FUNERAL DIRECTOR (NAME) Smiths' Funeral Home (ADDRESS) Hannibal Missouri

20. FILED 11/18 1939 W.D. Piplin Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 10 1939 to Nov 17 1939

I last saw him alive on Nov 16 1939. Death is said to have occurred on the date stated above, at 6 A. m.

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

Cerebral Hemorrhage

Date of onset 11/10 1939

Other contributory causes of importance: Hypertrophy of Prostate

1938

Name of operation No Date of

What test confirmed diagnosis? Laboratory Was there an autopsy? No

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? K (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury L  
 Nature of injury L

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) John H. Gibbs, M. D.

(Address) Monroe City Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 12-39-2092

Date Filed DEC 7 1930

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.....

J.J. Marsh L.E. 3932....., Registered Apprentice No.....  
working under my personal supervision.

Signed Crawford Smith

Licensed Embalmer No. 3814

P. O. Address..... } Jannibal Missouri

**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.**