

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

43886

Registration District No.

486

Primary Registration District No.

4293

Registrar's No.

37

1. PLACE OF DEATH:

- (a) County Lincoln
(b) City or town Elsberry
(c) Name of hospital or institution: 2
(If outside city or town limits write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life
years, months or days

8. (a) PRINT FULL NAME George Bassnett

8. (b) If veteran, Civil War name war. 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Polly Bassnett 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 17 1895
(Month) (Day) (Year)

8. AGE: Years 104 Months 9 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Pike Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

12. Name X

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Georgia Palmer

- (b) Address Elsberry, Missouri

17. (a) Burial (b) Date thereof Dec 7 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Elsberry Cem.

18. (a) Signature of funeral director Clifton Powell

- (b) Address Elsberry, Missouri

19. (a) Dec. 7-39 (b) Clifton Powell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State S. D. (b) County _____

- (c) City or town _____
(If outside city or town limits, write "RURAL")

- (d) Street No. _____
(If rural, give location)

- (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6th
year 1939 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov. 15
1939, to Dec. 6, 1939

that I last saw him alive on Dec. 6, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Apoplexy 3 days

Due to Hypertension ?

Due to Chronic Nephritis ?

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations 121

Of autopsy _____

Underline the cause to which death should be charged statistically

PHYSICIAN _____

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____

- (b) Date of occurrence _____

- (c) Where did injury occur? _____
(City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature D. H. C. Smith (M. D. or other) M.D.

Address Elsberry, Mo. Date signed Dec. 6

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 Dec. 6-12

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

Signed.....

Clifton Miller

Licensed Embalmer No. 3364

P. O. Address Elkhart, Indiana

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.