

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10060

FILED A.E. 12 1940
Registration District No. 2349

Primary Registration District No. 5046

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Baird
(b) City or town Rural Crane Creek
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Baird
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Crane Creek Township
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Norie Bassett 230

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife H.B. Bassett 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 17 1897
(Month) (Day) (Year)

8. AGE: Years 63 Months 1 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business _____

MOTHER FATHER { 12. Name P. L. Dodson
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Milly Richardson
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature _____
(b) Address _____

17. (a) Buried (b) Date thereof 2/20/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Snover Hill

18. (a) Signature of funeral director Geo. H. Manlove
(b) Address Crane, Tenn.

19. (a) 4-2-40 (b) Edgar Newman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19
year 1940 hour 20 minute 55 P.M.
21. I hereby certify that I attended the deceased from December 1939
to Feb - 18, 1940
and that death occurred on the date and hour stated above.

that I last saw her alive on Feb - 18, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
hypertensive
hypertensive
Due to _____
Due to 131

Duration
2 mo.
2 yrs

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 A.P. [Signature] (M. D. or other) _____
Address Crane, Mo. Date signed 2-19-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

1 X1081

RECEIVED

District Health Officer No. 6,

District File Number 440-1005

Date Filed APR 9 1940

3 1942

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.