

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18879

State File No. _____

Registration District No. 477

Primary Registration District No. 4286

Registrar's No. 21

1. PLACE OF DEATH:
 (a) County Lewis
 (b) City or town Canton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 20
 (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)

3. (a) PRINT FULL NAME Alice R. Bash 277
 3. (b) If veteran, name war _____
 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife David M. Bash 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased January 13, 1861
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 3 20 hr. _____ min.

9. Birthplace Lewis County, Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
 12. Name William Mason Davis
 13. Birthplace Burbon County, Kentucky
 (City, town, or county) (State or foreign country)
 14. Maiden name Cela Ann Whitley
 15. Birthplace Wellington Maryland
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Arch Bash
 (b) Address Canton, Mo.

17. (a) Burial (b) Date thereof May 5, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Midway cemetery

18. (a) Signature of funeral director Carl D. Buckley
 (b) Address Canton, Mo.

19. (a) 5-4-1940 (b) H. W. Harris M.D.
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Lewis
 (c) City or town Canton
 (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 May day 3
 year 1940 hour 4 minute 25 A. M.

21. I hereby certify that I attended the deceased from May 1
1940 to May 3, 1940
 that I last saw him alive on May 3, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral occlusion
 Duration 1 day
 Due to arteriosclerosis 7

Due to _____
 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?
430 (Specify type of place) _____
 While at work? (e) Means of injury _____

23. Signature I. G. Hilliard (M.D. or other) Dr.
 Address Canton, Mo. Date signed 5/5/40

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.

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RECEIVED

District Health Officer No: 18

District File Number 6-40-1143

Date Filed JUN 7 1940

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

Earl A. Buckley

Licensed Embalmer No. 2615

P. O. Address Canton, Mo.

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.