

Registration District No. 1

Primary Registration District No. 1

Registrar's No. 192

1. PLACE OF DEATH:

(a) County Maize Adair
(b) City or town Furberville Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Laughlin Hospital 1
(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) 230

3. (a) PRINT FULL NAME EDWIN BASSETT

3. (b) If veteran, name war ✓ 8. (c) Social Security No. ✓

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ruth Bassett 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased 12 / 19 / 1860
(Month) (Day) (Year)

8. AGE: Years 79 Months 5 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Maize Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation Banker

11. Industry or business _____

MOTHER FATHER
12. Name Weldon Bassett
13. Birthplace Virginia (City, town, or county) (State or foreign country)
14. Maiden name Wendell E. Bone
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Miss E. Baker
(b) Address Madison Mo

17. (a) Buried (b) Date thereof 8-25-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Madison Cemetery

18. (a) Signature of funeral director W. H. Thompson
(b) Address Madison Mo

19. (a) 8/24/1940 (b) Spencer L. Freeman
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Maize
(c) City or town Madison (If outside city or town limits, write "RURAL")
(d) Street No. 1 (If rural, give location)
(e) If foreign born, how long in U. S. A. ✓ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23
year 1940 hour 10 minute 10 P. M.

21. I hereby certify that I attended the deceased from Aug 15 1940 to Aug 23 1940
that I last saw him alive on Aug 23 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary angina

Due to Uremia

Due to Medullary carcinoma of prostate

Other conditions 51
(Include pregnancy within 3 months of death)

Major findings: Of operations Cancer of prostate
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? _____
(Specify type of place) _____
(e) Means of injury 3

23. Signature Paul Laughlin (M. D. or other) D.O.
Address Furberville, Mo Date signed 8-24-40

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

1
2
2

RECEIVED

Register No. Officer No. 10

License No. ⁹⁻⁴⁰⁻¹⁷³².....

Date Filed SEP 10 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.....

Licensed Embalmer No. 3282.....

P. O. Address Madison, Wis.....

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.