

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28645

SEP 19 1940
Registration District No. 378

Primary Registration District No. 4222

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Howard, Fayette,
(b) City or town Lee Hospital
(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

3. (a) PRINT FULL NAME Robert Waller Basket. 230

8. (b) If veteran, name war _____ 3. (c) Social Security No. (none)

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

6. (b) Name of husband or wife Nancy Basket, 6. (c) Age of husband or wife in years 27

7. Birth date of deceased January 15th 1881 (Month) (Day) (Year)

8. AGE: Years 59 Months 6 Days 21 If less than one day hr. _____ min. _____

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

10. Usual occupation County Treasurer.

11. Industry or business _____

12. Name John Sebree Basket.

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

14. Maiden name Mary Smith,

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

16. (a) Informant Dr. William Basket.

(b) Address Fayette, Mo.

17. (a) Burial (b) Date thereof 8-8th 1940 (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery,

18. (a) Signature of funeral director Guy T. Halley.

(b) Address Fayette, Mo.

19. (a) Aug. 21, 1940 (b) T. C. Richards (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard,
(c) City or town Fayette, (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 Aug day 6
year 1940 hour 11 minute 20 M.

21. I hereby certify that I attended the deceased from July 28, 1940 to Aug 6, 1940
that I last saw him alive on Aug 6, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Peritonitis Duration 5 days
Intestinal Obstruction

Due to Volvulus 2 days

Due to _____

Other condition Chr. Osteomyelitis
(Include pregnancy within 3 months of death)

Major findings: Of operations: 12/12

Of autopsy: _____

22. If death was due to external causes, fill in the following: no

(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 W. Bloom (M. D. or other) M. D.

Address Fayette, Mo. Date signed 8-9-40

RECEIVED
Chief Health Officer No. 8
License File Number 940-2277
Date Filed 9-9-40

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.