

12-30  
7-30  
X23150

Registration District No. 26

Primary Registration District No. 3002

Registrar's No. 160

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

1. PLACE OF DEATH:

(a) County HUDYRAIN  
(b) City or town MEXICO  
(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:  
In this community 53 - 0 - 6 days  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Henry Willis BASKETT

3. (b) If veteran, name war  
3. (c) Social Security No. 466-18-2605

4. Sex MALE  
5. Color or race Colored  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife FRANCIS BASKETT  
6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased: 11 (Month) 28 (Day) 1857 (Year)

8. AGE: Years 83 Months 0 Days 6  
If less than one day hr. min.

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

10. Usual occupation GENERAL LABOR

11. Industry or business PALLOCK MILLING COMPANY

12. Name HARRY BASKETT

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

14. Maiden name SALLIE (unknown)

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

16. (a) Informant Hus:ille Wright

(b) Address 1011 LAFAYETTE

17. (a) BURIAL (b) Date thereof 12 6 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ELMWOOD

18. (a) Signature of funeral director H. W. Reynolds

(b) Address MEXICO MO

19. (a) Dec 6-1940 (b) Blanche Neely  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County AUDRAIN  
(c) City or town MEXICO  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1104 E. LAFAYETTE  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 4th  
year 1940 hour 6 minute 32 A.M.

21. I hereby certify that I attended the deceased from 11-1-  
1940 to 12-4- 1940

that I last saw HIM alive on 12-4-1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Primary Carcinoma of head of Pancreas

Due to Secondary in River

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Yes

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? 23 (Specify type of place) (e) Means of injury

23. Signature H. J. Ector (M. D. or nurse)

Address MEXICO, MO Date signed 12-5-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 1-41-137

Date Filed JAN 16 1941

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

*A. L. Reynolds*

Licensed Embalmer No.....

P. O. Address

*703 E. Park*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.