o. 2
13-40
7-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 8 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42082

Registration District No. 138 — Primary Registration District No. 4078 — Registrar's No. 63

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Norborne (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 years, months or days) In this community 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll

(c) City or town Norborne (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.? 0 years.

3. (a) PRINT FULL NAME Elizabeth Hanna Price Basse

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband ~~or wife~~ Fred Basse

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Nov. (Month) 18 (Day) 1868 (Year)

8. AGE: Years 72 | Months | Days 28 | If less than one day ___ hr. ___ min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name William Price
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mr. Fred Basse

(b) Address Norborne, Mo

17. (a) Fairhaven (Burial, cremation, or removal) (b) Date thereof Dec 18, 1940 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Norborne Mo

18. (a) Signature of funeral director W. T. Stroud

(b) Address Norborne Mo

19. (a) 12-17-40 (Date received local registrar) (b) B. C. Cole (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16, 1940

year ___ hour 4 minute 30 P M.

21. I hereby certify that I attended the deceased from 9-6-40, 19__, to 12-16-, 1940; that I last saw her alive on 12-16-, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy — Duration 1 day

Due to Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death) 82 N

Major findings:
Of operations
Of autopsy No

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? 123 (Specify type of place)

While at work? (e) Means of injury

23. Signature B. C. Cole (M. D. ~~or other~~) 1

Address Norborne Mo Date signed 12-17-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 1-2-41
Date Filed

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 Me, Registered Apprentice No. working under my personal supervision.

Signed W. T. Stroud

Licensed Embalmer No. 2406

P. O. Address Norborne Mo

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.