

JAN 17 1941 391

Registration District No. **391**

Primary Registration District No. **2346**

Registrar's No. **77**

1. PLACE OF DEATH:

(a) County **IRON**
(b) City or town **ARCADIA MISSOURI**
(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 **12**

8. (a) PRINT FULL NAME **MARY DEANA BASDEN**

9. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **SINGLE**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **September 16, 1940**
(Month) (Day) (Year)

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

9. Birthplace **Ironton, Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **PRE-SCHOOL**

11. Industry or business _____

12. Name **FRANK David Basden**

13. Birthplace **Pilot Knob, Mo.** (City, town, or county) (State or foreign country)

14. Maiden name **W. L. MA MARIK R. SER**

15. Birthplace **Blanchfield, Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Frank Basden**

(b) Address **Pilot Knob, Mo.**

17. (a) **Burial** (b) Date thereof **12-21-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Masonic Cemetery**

18. (a) Signature of funeral director **Geo. J. Lumbert**

(b) Address **Donata, Mo.**

19. (a) **Dec. 21-40** (b) **Julia A. Lumbert**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **IRON**

(c) City or town **ARCADIA RURAL**
(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 **Dec.** day **19th**
year **1940**, hour **3:00** minute **0** A. M.

21. I hereby certify that I attended the deceased from **Dec. 16th**, 19 **40** to **Dec. 19th**, 19 **40**,
that I last saw her alive on **Dec. 18th**, 19 **40**,
and that death occurred on the date and hour stated above.

Immediate cause of death **acute Broncho Pneumonia**
Due to **acute naso-pharyngitis**
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: **none**

Of operations **none**

Of autopsy **none**

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? _____

969 (Specify type of place) _____ While at work? (e) Means of injury _____

23. Signature **R. E. Harland** (M. D. or other) **MD**

Address **Donata, Mo** Date signed _____

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

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.....

.....^{12/1/40}....., Registered Apprentice No.....
working under my personal supervision.

Signed Geo. P. Luckel

Licensed Embalmer No. 3475

P. O. Address San Antonio, 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.