

FILED FEB 18 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

3951

State File No.

Registration District No. 717 Primary Registration District No. 4429 Registrar's No.

1. PLACE OF DEATH:

(a) County Putnam  
(b) City or town Lucerne  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None (Specify whether)  
In this community 55 years 9 month 4 Days  
years, months or days

3. (a) PRINT FULL NAME Julia Mariah Baskett

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 Widowed  
6. (b) Name of husband or wife James Dorset Baskett 6. (c) Age of husband or wife if alive ✓ years  
6. Birth date of deceased April 16 1854  
(Month) (Day) (Year)

8. AGE: Years 86 Months 9 Days 0 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business Same

12. Name James Dodson

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

14. Maiden name Unknown

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

16. (a) Informant Grace Rice

(b) Address Lucerne Mo.

17. (a) Burial (b) Date thereof Jan 18-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial Lucerne Mo.

18. (a) Signature of funeral director Earl Moss

(b) Address P. M. C. Co. Mo.

19. (a) 1/17/41 (b) E. Stedabaker  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam 86  
(c) City or town Lucerne  
(If outside city or town limits, write "RURAL")  
(d) Street No. None (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? ✓ 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16  
year 1941 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from Sept 23 1940 to January 16 1941;  
that I last saw her alive on January 16 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Bronchopneumonia (secondary) 2 days

Due to Common cold 6 days

Due to Senility 107

Other conditions Essential Hypertension  
(Include pregnancy within 3 months of death)  
and Arteriosclerosis

Major findings:

Of operations ✓

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? ✓

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

23. Signature John A. Mikalovich (M.D. or other) D.D.  
Address Lucerne, Mo. Date signed Jan 16, 1941

RECEIVED

District Health Officer No. 10

District File Number 2-41-259

Date Filed FEB 8 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 me

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

Signed

Paul J. Moss

Licensed Embalmer No. 2634

P. O. Address Quinton 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, fact should be so stated above.