

No. 2  
1-10-39  
17-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

6760

State File No. \_\_\_\_\_

Registration District No. 219

Primary Registration District No. 4132

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Cooper County

(b) City or town Union Bluffs

(c) Name of hospital or institution: none

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 63 years years, months or days) \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper?

(c) City or town Bunceton

(If outside city or town limit write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A? Native years.

3. (a) PRINT FULL NAME GERRY BASKETT

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27 year 1941 hour 2 minute \_\_\_\_\_ M.

4. Sex male

5. Color or race Col

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

6. (b) Name of husband or wife Martina Baskett

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased (Month) Feb (Day) 13 (Year) 1857

21. I hereby certify that I attended the deceased from 23<sup>rd</sup> Feb 1941, to Feb 27<sup>th</sup> 1941; that I last saw him alive on Feb 27<sup>th</sup> 1941; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>-</u>	<u>14</u>	hr. _____ min.

Immediate cause of death Heart

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions removal, fever

(Include pregnancy within 3 months of death)

Duration 7 Days

4 Days

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

10. Usual occupation Carpenter

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Unknown

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)

Major findings:  Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant G. B. Baskett

(b) Address Bunceton mo

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 3-3-41 (Month) (Day) (Year)

(c) Place: burial or cremation Bunceton

18. (a) Signature of funeral director J. G. Perkins

(b) Address Bunceton mo

19. (a) 3-28-41 (Date received local registrar)

(b) Ann Whitaker (Registrar's signature)

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? 194 (Specify type of place) While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. H. Seibert (M. D. or other) Phys

Address Bunceton mo Date signed Mar 3

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

RECEIVED  
District Health Officer No. 8,  
District File Number  
3-12-41  
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.....  
*myself*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *L. G. Parker*  
Licensed Embalmer No. *25-47*  
P. O. Address *Barnstable Mass*

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.