

FILED JUN 19 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18845
Registrar's No. 1751

Registration District No. 750

Primary Registration District No. 5987

1. PLACE OF DEATH:

(a) County Ripley Jordan Twp
(b) City or town Ripley
(c) Name of hospital or institution: Jordan Twp.
(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

3. (a) PRINT FULL NAME William F. & Bashears

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

4. Sex Male 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 Oct - 22 - 1900
(Month) (Day) (Year)

8. AGE: Years 40 Months 6 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Rodney Bashears

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

14. Maiden name Marjorie Patterson

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

16. (a) Informant Marjorie Bashears

(b) Address Northman Mo. P# 2

17. (a) Burial (b) Date thereof 5-22-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Wm. F. & Bashears

(b) Address as above

19. (a) 5-22-1941 (b) Wm. F. & Bashears
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ripley 91
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Jordan Twp. 8
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30
year 1941 hour 8 minute 40 P. M.

21. I hereby certify that I attended the deceased from after death to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis of lungs 2 yrs.

Due to Tuberculosis of lungs

Due to _____
Other conditions (include pregnancy within 3 months of death) 12 yrs

Major findings: Of operations _____

Of autopsy _____

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? 674

While at work? _____ (Specify type of place) (e) Means of injury 3

23. Signature Wm. F. & Bashears (M. D. or other) Caroline Ripley Co.

Address Northman, Mo. Date signed 5-22-41

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 5,

License No. Number 641729

DATE

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.....

Licensed Embalmer No.....

P. O. Address.....

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.