

FILED JUL 12 1940

Registration District No. 582

Primary Registration District No. 4344

Registrar's No. 19

1. PLACE OF DEATH:

(a) County MONROE
(b) City or town PARIS
(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 ✓
LIFE (Specify whether years, months or days)

3. (a) PRINT FULL NAME ALEXANDER BASSETT

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

4. Sex M 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced Wid.
6. (b) Name of husband or wife. ✓ 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased MARCH 8th Unknown
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>Not known</u>				<u>✓</u> hr. <u>✓</u> min.

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

10. Usual occupation NONE

11. Industry or business ✓

MOTHER FATHER
12. Name ALEXANDER BASSETT
13. Birthplace MONROE Mo.
(City, town, or county) (State or foreign country)
14. Maiden name MARIAH TRUMBO
15. Birthplace LOUISVILLE KY.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Essie Bassett
(b) Address 4645 MICHIGAN - CHICAGO, ILL.

17. (a) Burial (b) Date thereof JUNE 4 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Walnut Grove - PARIS

18. (a) Signature of funeral director Seeds & Blakey
(b) Address Paris, Mo.

19. (a) 6-2-41 (b) J.A. Barnett, M.D.
(Date received local registrar) (Registrar's signature) R.L.

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County MONROE
(c) City or town PARIS
(If outside city or town limits, write "RURAL")
(d) Street No. N. MAIN ST.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ✓ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1st day June
year 1941 hour 6 minute a. M.

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

Immediate cause of death Angiemia Pectoris Duration 1 week
Due to _____
Due to 9418

Other conditions (include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy none
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? 910
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature J.P. Turner Coronator
Address Madison Mo. Date signed 6/11/41

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

RECEIVED

District Health Officer No. 10

District File Number 7-41-1331

Date Filed JUL 16 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address PASIS, Md.

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22229
Registrar's No. _____

Registration District No. 582

Primary Registration District No. 4344

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

1. PLACE OF DEATH: Monroe.

(a) County _____

(b) City or town _____
(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)

3. (a) PRINT FULL NAME _____

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex _____

5. Color or race _____

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ year _____ month _____ day _____

7. Birth date of deceased: man & unknown
(Month) (Day) (Year)

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

not known (about 65 yrs.)

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) Sept 3, 1941 (b) J. A. Barnett, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1
year 1941 hour _____ minute _____ M.

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

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____ (include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration _____

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?
_____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTARY

