

Registration District No. 218

Primary Registration District No. 3015

Registrar's No. 133

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

1. PLACE OF DEATH:

(a) County. COOPER

(b) City or town. BOONVILLE *Miss*

(c) Name of hospital or institution: ALEX VAN RAVENSWAAY HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community. 2 DAYS
years, months or days)

3. (a) PRINT FULL NAME SAMUEL BARNUM BASSETT

3. (b) If veteran, name war. NONE

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MAUDE HAY Bassett

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

7. Birth date of deceased DECEMBER 9 1867
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>10</u>	<u>4</u>	hr. min.

9. Birthplace COOPER COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED FARMER

11. Industry or business FARM

12. Name JOHN BASSETT

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

14. Maiden name LAURA WHITE

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

16. (a) Informant MRS W.R. WILLIAMS

(b) Address CHICAGO, ILLINOIS

17. (a) BURIAL (b) Date thereof OCT. 15-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WALNUT GROVE CEMETERY

18. (a) Signature of funeral director STEGNER & KOENIG

(b) Address BOONVILLE, MO.

19. (a) 10-14-41 (b) St. Cooper
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County SALINE *99*

(c) City or town NELSON (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 OCTOBER day 13th
year 1941 hour 5:20 minute _____ p. M.

21. I hereby certify that I attended the deceased from Oct 11
1941, to Oct 13, 1941;
that I last saw him alive on Oct. 13, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death fracture of skull (comp.)
fracture of ribs and
collarbone (left)
fall from roof.

Due to _____

Due to _____

Other conditions 1860
(Include pregnancy within 3 months of death)

Major findings: none

Of operations 18

Of autopsy none

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) Accident

(b) Date of occurrence Oct 11, 1941

(c) Where did injury occur? Nelson, Saline Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
above home (farmhouse)

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

23. Signature Allen Ramsey (M. D. or other) _____
Address Boonville, Mo. Date signed 10/14/41

WILLIAMS

WILLIAMS

RECEIVED
District Health Officer No. 87
District File Number 11-8-41
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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed *James W. Stegner*

Licensed Embalmer No. 3780

P. O. Address *Boonville, 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.