

No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 11 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38176

State File No.

Registration District No. 219

Primary Registration District No. 4132

Registrar's No.

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Brunetta Mo
(If outside city or town limits, write "RURAL" and name of township)
(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 none
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper
(c) City or town Brunetta
(If outside city or town limits, write "RURAL")
(d) Street No. ✓
(If rural, give locatiou)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME ANNA-BELL-BASKETT

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Emmitt B. Baskett 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased January 2, 1893
(Month) (Day) (Year)

8. AGE: Years 46 Months 10 Days 13
If less than one day
hr. min.

9. Birthplace Brunetta Miss D
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housewife

12. Name Samuel Jones

13. Birthplace Brunetta Miss D
(City, town, or county) (State or foreign country)

14. Maiden name Maggie Lunday

15. Birthplace Brunetta Miss D
(City, town, or county) (State or foreign country)

16. (a) Informant E. B. Baskett

(b) Address Brunetta Miss

17. (a) Removal (b) Date thereof 11-18-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brunetta Miss

18. (a) Signature of funeral director Jessie E. Richard

(b) Address 11-27-41 Ann Whitaker
(Date received local registrar) (Registrar's signature)

1978 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 15th
year 1941 hour 4 minute A.M.

21. I hereby certify that I attended the deceased from — 1922 to Nov-18- 1941;
that I last saw her alive on Nov 18- 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage (Duration ?)

Due to perhaps - hypertension (Duration several years)

Due to —
Other conditions (Include pregnancy within 3 months of death)

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 0

23. Signature R. O. Kelly (M. D. or other)
Address Brunetta - Miss Date signed 11/15/41

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

MOTHER FATHER

1941-11-15-
1893-7-7-

48-10-13

STATEMENT BY LICENSED EMBALMER

will be _____ *me*

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 *Jessie E. Richard*
Licensed Embalmer No. *2466*
P. O. Address *Tipton W*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.