

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **41512**

FILED JAN 23 1948  
Registration District No. **4**

Primary Registration District No. **3008**

Registrar's No. **340**

1. PLACE OF DEATH

(a) County **CALLAWAY**  
(b) City or town **FULTON**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **200 E. 9TH**  
(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)  
In this community. **LIFE**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **CALLAWAY**  
(c) City or town **FULTON**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **200 E. 9TH** (If rural, give location)  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME

**SALLIE BASKETT**

(b) If veteran, name war

(c) Social Security No. **NONE**

4. Sex **FEMALE**

5. Color or race **White**

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

6. (b) Name of husband or wife

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

7. Birth date of deceased **JUNE 25 1859**  
(Month) (Day) (Year)

8. AGE: Years **82** Months **5** Days **29** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **CALLAWAY Po. MO**  
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEKEEPER**

11. Industry or business

MOTHER FATHER { 12. Name **WM J. HERRING**  
13. Birthplace **VIR**  
14. Maiden name **REBECCA KNIGHT**  
15. Birthplace **VIR**  
(City, town, or county) (State or foreign country)

16. (a) Informant **MISS ETTA HOOK**  
(b) Address **FULTON, MO**

17. (a) **BURIAL** (b) Date thereof **DEC 26 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **HILL-CREST**

18. (a) Signature of funeral director **Wm J. Manpin**  
(b) Address **200 Cant St Fulton, Mo.**

19. (a) **Dec 26, 1941** (b) **R. M. Creeve**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **24**  
year **1941** hour **3** minute **05 P.M.**

21. I hereby certify that I attended the deceased from **Sept. 26, 1937**, to **12/24 1941**  
that I last saw her alive on **12/24 1941**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertensive Pneumonia (Both lungs)** Duration **3 days**

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

Other conditions **osteoporosis of bones** **5 days**  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy **154 b 2**  
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) \_\_\_\_\_  
(7) Means of injury \_\_\_\_\_  
23. Signature **Henry Dunt** (M. D. or other) **W.D.**  
Address **Fulton, Mo** Date signed **12/24/41**

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

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**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

*Glen Y. Mangin*

Licensed Embalmer No.

*2725*

P. O. Address

*Fulton, 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.**