

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

5756

FILED MAR 19 1942

Registration District No.

Primary Registration District No.

206

Registrar's No.

11

1. PLACE OF DEATH:

(a) County... Andrew
 (b) City or town... Union Star Rural
 (c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether

In this community..... 85 Years.3. (a) PRINT FULL NAME John Sherfy Bashor.3. (b) If veteran, name war..... No. 3. (c) Social Security No. No.4. Sex Male 5. Color Cay. 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if

Jane Bashor. alive..... years7. Birth date of deceased. 11 30 1854
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
87 2 20. hr. min.9. Birthplace Jonesboro Tenn.
(City, town, or county) (State or foreign country)10. Usual occupation Farmer.11. Industry or business Same.12. Name Martin Bashor.13. Birthplace Shenandoah Co. Virginia.
(City, town, or county) (State or foreign country)14. Maiden name Susannah Shurfy.15. Birthplace Jonesboro Tenn.
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. D.G. Barton.(b) Address Union Star Mo.17. (a) Burial (b) Date thereof. 2.23.1942
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Empire cemetery.18. (a) Signature of funeral director R.B. Taggart(b) Address King City Mo.

19. (a) (Data received local registrar) (b) (Registrar's signature) ✓

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Andrew
 (c) City or town Union Star Rural.
 (If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20
year 1942 hour 3 minute 50 P.M.21. I hereby certify that I attended the deceased from Feb. 19
1942 to Feb 20 1942that I last saw him alive on Feb 20 1942
and that death occurred on the date and hour stated above.Immediate cause of death Cerebral Hemorrhage Duration 1 DayDue to Arterio SclerosisDue to 83a!Other conditions 83a!
(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.....

23. Signature E.M. Reynolds (M. D. or other)
Address Union Star Mo Date signed 2-20-42

1074

(Licensed Embalmer's Statement on Reverse Side)

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

390

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 *R. G. Taggart*

Licensed Embalmer No. 2563.....

P. O. Address **King City Mo.**

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5756

Registration District No. 2

Primary Registration District No. 206

Registrar's No.

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Carroll
(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)

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 _____

3. (a) PRINT FULL NAME

John L. Bashor

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M

5. Color or race W

6. (a) Single, widow, married, divorced W

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased Nov 30
(Month) (Day) (Year)

8. AGE: Years 87 Months 2 Days 17 (If less than one day _____ min.)

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 _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 2/23/42 (b) J.H. Fitchman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb Day 20
Year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____

that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration

Due to _____

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 _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

S-575b