

FILED MAR 3 1942
Registration District No. 780

Primary Registration District No. 6025

Registrar's No. 5

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

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE
(b) City or town 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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI; (b) County STE. GENEVIEVE
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME IDA BASLER
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan - day 17
year 1942 hour 8 minute 8 P. M.
21. I hereby certify that I attended the deceased from May 12
1941 to Jan 17 1942
that I last saw h. or alive on Jan 17
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife FRANK BASLER
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Nov 13 1881
(Month) (Day) (Year)

Immediate cause of death Cancer of Gall Bladder
Duration 3 to 4 y
Due to _____
Due to _____

8. AGE: Years 60 Months 2 Days 4 If less than one day _____ hr. _____ min.
9. Birthplace BLOOMSDALE MISSOURI
(City, town, or county) (State or foreign country)
10. Usual occupation AT HOME

Other conditions General carcinoma of abdomen
(Include pregnancy within 3 months of death)
Physician Hof
Underline the cause to which death should be charged statistically.

11. Industry or business _____
MOTHER FATHER { 12. Name LEVI CARRON
13. Birthplace BLOOMSDALE MISSOURI
(City, town, or county) (State or foreign country)
14. Maiden name MARGARET HINES
15. Birthplace BLOOMSDALE MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Frank X. Basler
(b) Address Ste. Genevieve Mo RR # 2
17. (a) BURIAL (b) Date thereof 1-20-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation BLOOMSDALE MO
18. (a) Signature of funeral director Leo C. Basler
(b) Address Ste. Genevieve Mo
19. (a) Jan 17/42 (b) T.W. Douglas
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____
Of autopsy _____
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) Means of injury _____
23. Signature Robert H. Lawrence (M. D. number) _____
Address Ste. Genevieve Mo Date signed 1/19/42

District Health Officer No. ⁴.....
District File Number 242-274.....
Date Filed 2-12-42.....

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 Leo C. Basler.....
Licensed Embalmer No. 1985.....
P. O. Address St. Genevieve 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.