S. No. 2
—1-4-41
5-17-39
PI X26390

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

20957

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. .....

Registration District No. 213 Primary Registration District No. 5296 Registrar's No. 159

1. PLACE OF DEATH:

(a) County Cole

(b) City or town RURAL----Osage Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Osage River-Osage Township 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

(c) City or town Jefferson City, Mo 4
(If outside city or town limits, write "RURAL")

(d) Street No. 732 Clark Avenue
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME John David Bastian

3. (b) If veteran, name war World War #2

3. (c) Social Security No. .....

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife .....

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

7. Birth date of deceased March (Month) 18 (Day) 1921 (Year)

8. AGE: Years 21 Months 2 Days 26 If less than one day ..... hr. ..... min.

9. Birthplace Pleasant Hill, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Flying Cadet in Army

11. Industry or business .....

FATHER
12. Name John H. Bastian
13. Birthplace Toma, Wisconsin 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Laura E. Phillips
15. Birthplace Corning, Iowa 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs J. H. Bastian
(b) Address Jefferson City, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June-22-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Hill, Mo.

18. (a) Signature of funeral director Thorpe J. Gordon
(b) Address Jefferson City, Missouri

19. (a) 6-22-42 (Date received local registrar) (b) Norma Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 14 day .....
year 1942 hour 5 30 minute PM M.

21. I hereby certify that I attended the deceased from no attendance, 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Drowning.	
Due to	
Due to Accident.	
Other conditions Body Recovered June 21-42 (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) Accident 0 26
(b) Date of occurrence June 14 42
(c) Where did injury occur? Cole Co Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public
(Specify type of place)
While at work? ..... (e) Means of injury Coronary

23. Signature Edw Meeuwer (M. D. or other) B
Address Jefferson City Mo Date signed 6-2

8914 (Licensed Embalmer's Statement on Reverse Side) 6-21-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was NOT embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Thomas J. Gordon

Licensed Embalmer No. 1786

P. O. Address Jefferson City 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.