No. .
-9-4-
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23778

Registration District No. 58 Primary Registration District No. 5092 Registrar's No.

1. PLACE OF DEATH:

(a) County BATES (Pleasant Gap)

(b) City or town RFD BUTLER MO- (If outside city or town limits, write "RURAL" and name of township)

(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 70 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BATES 7

(c) City or town RFD #6 Butler Mo 0 (If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME GRACE BASSETT

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced 2

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

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

7. Birth date of deceased SEPT 27 - 1871 (Month) (Day) (Year)

8. AGE: Years 70 Months 9 Days 5 If less than one day hr. min.

9. Birthplace SINCLAIR CO MO- 0 (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name OLIVER COLE 0
13. Birthplace MO- (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name PRECILLA WOOLERY
15. Birthplace MO- 0 (City, town, or county) (State or foreign country)

16. (a) Informant Chas. Bassett

(b) Address R+D # 6, Butler Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-5-42 (Month) (Day) (Year)

(c) Place: burial or cremation ROGERS CEM-

18. (a) Signature of funeral director Booth Funeral Home

(b) Address Butler Mo

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 2 year 1942 hour 11 minute A M.

21. I hereby certify that I attended the deceased from May 10th 1941 to July 2 1942 that I last saw her alive on July 1st 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombus

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

94a

Duration

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? (Specify type of place)

While at work? (e) Means of injury Ind

23. Signature L. D. La Hue (M. D. or other)

Address Butler Mo Date signed 7-4-42

1302

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 8-42-85
Date Filed 8-6-42

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 John G Underwood

Licensed Embalmer No. 3585

P. O. Address Butler Mo

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

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

. S. No. 2B
0M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23778

Registration District No. 58 Primary Registration District No. 5092 Registrar's No.

1. PLACE OF DEATH

(a) County Bates

(b) City or town Rural
(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 years, months or days)

In this community 70

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 Grace Bassett

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept (Month) 27 (Day) 1871 (Year)

8. AGE: Years 70 Months 9 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

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) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) August 26, 1942 (Date received local registrar) (b) Mrs Marion Cumpton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 4 year 1942 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h 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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (c) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY