

FILED SEP 16 1942

Registration District No. \_\_\_\_\_

Primary Registration District No. 4173

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Douglas  
(b) City or town Route, Ava, 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 \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ozark  
(c) City or town Toledo Rural  
(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 Francis E. Bascom

3. (b) If veteran, name war Philippino 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

(b) Name of husband or wife Mattie J. Bascom 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased May 7 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 11 14 hr. min.

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

10. Usual occupation Holder and Farmer

11. Industry or business \_\_\_\_\_

12. Name P. L. Bascom

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Lary A. Buttrem

15. Birthplace Ozark County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alberta Weygandt

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 4-24-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn, Springfield, Mo.

18. (a) Signature of funeral director Clinkingbeard Funeral H

(b) Address Ava, Missouri

19. (a) 9-5-42 (b) Thelma S. Waters  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21  
year 1942 hour 10 minute 50 P. M.

21. I hereby certify that I attended the deceased from April 20 1942 to only 19\_\_\_\_  
that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
myocardial stenosis

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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? NO

(e) While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury X

23. Signature J. A. Jones (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

34  
0  
0

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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.....

*W.B. Luthman*

Licensed Embalmer No. ....

*3431*

P. O. Address.....

**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.**