

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 4 1942 74

Registration District No.

Primary Registration District No. 4405

Registrar's No. 287

1. PLACE OF DEATH:
(a) County: Pettis
(b) City or town: Green Ridge, Mo.
(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: 40 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME: WILLIAM HUBBARD BASLEE
3. (b) If veteran, name war: - 3. (c) Social Security No: -

4. Sex: Male 5. Color or Race: White 6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Jennie Caton Baslee 6. (c) Age of husband wife if alive: 72 years
7. Birth date of deceased: July 10 1860 (Month) (Day) (Year)

8. AGE: Years: 82 Months: 1 Days: 2 If less than one day hr. min.

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

10. Usual occupation: Farmer (Retired)

11. Industry or business: Farming

12. Name: Alajah Baslee

13. Birthplace: Cooper County, Mo. (City, town, or county) (State or foreign country)

14. Maiden name: Married John Hubbard

15. Birthplace: unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Jennie Baslee

(b) Address: Green Ridge, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 16 1942 (Month) (Day) (Year)

(c) Place: burial Green Ridge Cemetery

18. (a) Signature of funeral director: Geo. B. Shelly

(b) Address: Green Ridge, Mo.

19. (a) 8-14-42 (Date received local registrar) (b) McAnna Berger (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Pettis
(c) City or town: Green Ridge (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: 0

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: Aug day: 13 year: 1942 hour: 07 minute: 45 P.M.

21. I hereby certify that I attended the deceased from Feb 7, 1942, to Aug 13, 1942, that I last saw him alive on Aug 13, 1942, and that death occurred on the day and hour stated above.

Immediate cause of death: chronic myocardial disease

Due to: -

Due to: -

Other conditions: Hypertension
(Include pregnancy within 3 months of death)

Major findings: Neuriplegia

Of operations: 938

Of autopsy: -

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: H. A. Hite (M. D. or other) MD

Address: Green Ridge, Mo. Date signed: 8/14/42

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

80
0
0

80
3
3

1022

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 9-3-42

MARTIN HOBBS

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 _____

working under my personal supervision. _____
Registered Apprentice No. _____

Signed _____

Licensed Embalmer No. 4063

P. O. Address Brown Ridge

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.