S. No. 2
M—9-4-41
v. 5-17-39
I .X29484

70
2
0

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. 41402

Registration District No. 23 — Primary Registration District No. 4348 — Registrar's No. 23

1. **PLACE OF DEATH:**
(a) County Montgomery
(b) City or town Wellsville Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 60 years
years, months or days)

2. **USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County Montgomery
(c) City or town Montgomery City Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Wellsville Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ANNIE THOMAS BASKETT
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female | 5. Color or race White | 6. (a) Single, widowed, married, divorced Widowed

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

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

8. AGE: Years 71 | Months 7 | Days 13 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Home Keeper

11. Industry or business

MOTHER FATHER
12. Name Chas Crane
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Thomas Baskett
(b) Address Montgomery City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 22 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Crane Cemetery

18. (a) Signature of funeral director Jas Marlow
(b) Address Montgomery City Mo

19. (a) Dec 22 1942 (Date received local registrar) Mrs Virgie Norton (Registrar's signature)

1045

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Dec day 20
year 1942 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from July 15 42 to Dec 20 19 42
that I last saw h.. alive on Dec 20 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to Hypertension	
Due to Chronic Nephritis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 12	
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)
(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

23. Signature R. L. Stallard (M. D. or other)
Address Hillsdale Mo Date signed Dec 20-42

(Licensed Embalmer's Statement on Reverse Side)

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 Joseph A Marlow

Licensed Embalmer No. 3658

P. O. Address Montgomery 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.