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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 7 1943

Registration District No. 37

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5211

State File No. 9882

Registrar's No. 3

1. PLACE OF DEATH:
(a) County Carroll
(b) City or town (Rural) Twp Washington
(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 10 - Years

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County 17 0 0
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Earnest Bassil
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race Wh.
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased April (Month) 14 (Day) 1930 (Year)
8. AGE: Years 12 Months 10 Days 7 If less than one day hr. min.
9. Birthplace Carroll County Mo 0 (City, town, or county) (State or foreign country)
10. Usual occupation At home & School
11. Industry or business
MOTHER FATHER
12. Name Charley Bassil
13. Birthplace Carroll County Mo 0 (City, town, or county) (State or foreign country)
14. Maiden name Lena Bassil
15. Birthplace Carroll County Mo 0 (City, town, or county) (State or foreign country)
16. (a) Informant Charley Bassil
(b) Address Dawn Mo RR 2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 27 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Gunnau Cemetery Norborne
18. (a) Signature of funeral director John Breitch
(b) Address Norborne Mo
19. (c) March 1-43 (Date received local registrar) (b) Mrs Edgar Smith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 25th year 1943 hour 5 P.M. minute 30 P.M.
21. I hereby certify that I attended the deceased from February 24th, 1943, to February 25, 1943; that I last saw him alive on February 25, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Lobar Pneumonia — 3 days
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)
(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 L. B. Vinny (M. D. or other) DO
Address Ludlow, Mo Date signed 3/4/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-5-43

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 me, Registered Apprentice No. working under my personal supervision.

Signed John G. Deitch
Licensed Embalmer No. 3654
P. O. Address Norborne 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, above space should be left blank.

7. S. No. 2B
0M—8-21-41
P 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. 9882

Registration District No. 57 Primary Registration District No. 5211 Registrar's No. 31

1. PLACE OF DEATH:

(a) County: Carroll

(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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Carroll

(c) City or town: Dawn - 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: Earnest Barnes

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: S

6. (b) Name of husband or wife:

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

7. Birth date of deceased: April (Month) 19 (Day) 1931 (Year)

8. AGE: Years 12 Months 10 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:

FATHER
12. Name:
13. Birthplace: (City, town, or county) (State or foreign country)

MOTHER
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) Mar. 1, 1943 (Date received local registrar) (b) Mrs Edgar Smith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Day 25 year 1943 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him 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)
(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 (M. D. or other)
Address Date signed

SUPPLEMENTARY