

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10848

State File No.

Registrar's No. 43

FILED APR 10 1943

Registration District No. 209

Primary Registration District No. 3043

64
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County... MARION

(b) City or town... HANNIBAL
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Leveing Hospital
(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) SEVEN WEEKS

2. USUAL RESIDENCE OF DECEASED:

(a) State... MISSOURI (b) County... MARION

(c) City or town... MONROE CITY, MO
(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... /

3. (a) PRINT FULL NAME... ANGELINE ELLSWORTH LOCKE

3. (b) If veteran, name war...
3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7
year 1943 hour 9 minute a. M.

21. I hereby certify that I attended the deceased from
JULY 20 1939 to Feb 7 1943
that I last saw her alive on Feb 9 1943
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race White

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

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

7. Birth date of deceased... APRIL 26 1894
(Month) (Day) (Year)

Immediate cause of death... CHRONIC Nephritis

Duration 5 yrs

8. AGE: Years Months Days If less than one day

88 9 12 hr. min.

Due to...
Due to...

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

Other conditions... Senile Dementia
(Include pregnancy within 3 months of death) 6 Mo

10. Usual occupation...
11. Industry or business...

MOTHER FATHER

12. Name... James M. Bassford

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

14. Maiden name... CATHERINA COCHRAN

15. Birthplace... Dayton Ohio
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings:
Of operations... 1318
Of autopsy... ✓

Underline the cause to which death should be charged statistically.

16. (a) Informant... Mr Harry J Ellsworth
(b) Address... Hannibal Mo

17. (a) Burial (b) Date thereof... 2-9-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Plainville Ill

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? ✓

18. (a) Signature of funeral director... James Donnell
(b) Address... Hannibal Mo

19. (a) 2-9-43 (b) W. O. Connor
(Date received local registrar) (Registrar's signature)

23. Signature... John H. White (M. D. or D. O.)
Address... Hannibal Mo Date signed... 2/8/43

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

Signed.....

Michael D. Alfonso

Licensed Embalmer No. *3286*

P. O. Address.....

Sanibel Wd

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.