

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13039
State File No. 1974
Registrar's No.

FILED MAY 6 1943
Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 12th and Troost
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 22 Years (Specify whether
years, months or days)

3. (a) PRINT JACOB LEE BASNETT
FULL NAME

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rhoda May 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Sept 13, 1872
(Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 11 If less than one day
hr. min.

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

10. Usual occupation Barber

11. Industry or business Self

12. Name Edwin T. Basnett 13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Martha Lowe 15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Rhoda May Basnett
(b) Address 301 Benton

17. (a) Burial (b) Date thereof April 27, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.
(b) Address Kansas City, Mo.

19. (a) 4-27-43 (b) H. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 301 Benton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from 1943 to 1943
that I last saw him alive on April 24, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Chronic arteriosclerosis of heart
Due to antipruritic drugs
Due to 7/12

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy See above

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?

While at work? Yes (Specify type of place) (Specify type of injury)

23. Signature C. H. Blackman & Son, Inc. (Name of other) 3/13
Address Date signed

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.D. Blackman*
Licensed Embalmer No. *3639*
P. O. Address..... *K.C. 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.