

Dr. Heltz
14514
State File No.
Registrar's No. 201

LED APR 26 1943

Registration District No. 256

Primary Registration District No. 2001

Registrar's No. 201

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

119
52

1. PLACE OF DEATH:

(a) County... Jasper

(b) City or town... Joplin

(c) Name of hospital or institution:
207 N. Byers /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... (Specify whether)

In this community... 50 years
(years, months or days)

3. (a) PRINT FULL NAME... Carrie Sterrett Bastin

3. (b) If veteran, name war... No

3. (c) Social Security No... None

4. Sex... Female

5. Color or race... White

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

6. (b) Name of husband or wife... Clarence Bastin

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

7. Birth date of deceased... December 5, 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	3	29	hr. min.

9. Birthplace... Cedar County Iowa /
(City, town, or county) (State or foreign country)

10. Usual occupation... At Home

11. Industry or business... None

MOTHER FATHER {

12. Name... William Sterrett

13. Birthplace... Cedar County Iowa /
(City, town, or county) (State or foreign country)

14. Maiden name... Margaret Edge

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

16. (a) Informant... Mrs. Otto Ruhl

(b) Address... 207 N. Byers, Joplin, Mo.

17. (a) Burial... Burial (b) Date thereof... Apr. 8, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Park Cemetery

18. (a) Signature of funeral director... Knell Mortuary

(b) Address... Carthage, Missouri

19. (a) H-7-43 (b) Virtudo Kuscholter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Jasper

(c) City or town... Carthage

(d) Street No... 217 Blanche St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country... /

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... Apr. day... 4
year... 1943 hour... 10 minute... 8 M.

21. I hereby certify that I attended the deceased from... Feb. 15, 1943 to... 19...
that I last saw him alive on... March 27, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death...
Cancer in abdomen -
origin un determined

Due to...
Due to...

Other conditions... 55e
(Include pregnancy within 3 months of death)

Major findings:
Of operations...
Of autopsy...

Duration
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? (Specify type of place) (c) Means of injury... 0

23. Signature... Rosh L. Heltz (M. D.)
Address... Joplin, Mo. Date signed... 4/6/43

1204

48-4-360

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.....

John D. Batchelder

Licensed Embalmer No. *4153*

P. O. Address *Carthage, 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.