

FILED APR 24 1943 209

Registration District No. **209**

Primary Registration District No. **3043**

Registrar's No. **75**

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:
1229 Church /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Marion**
(c) City or town **Hannibal**
(If outside city or town limits, write "RURAL")
(d) Street No. **1229 ~~5000~~ Church**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Joseph Bassen**

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

4. Sex **Male** 5. Color or Race **White** 6. (a) Single, widowed, married, divorced **2**

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

7. Birth date of deceased **June 20, 1858**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 **8** hr. min.

9. Birthplace **Helvasick Germany** 4
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**
11. Industry or business **Real Estate & Banking**

MOTHER FATHER { 12. Name **Johann Heinrich Bassen** 4

13. Birthplace **Germany** 4
(City, town, or county) (State or foreign country)

14. Maiden name **Anna Bannann**

15. Birthplace **Germany** 4
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Marie Bassen**

(b) Address **1229 Church**

17. (a) **Burial** (b) Date thereof **3/12/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Riverside Cemetery**

18. (a) Signature of funeral director **Wm M Smith**

(b) Address **Hannibal, Mo.**

19. (a) **3-10-43** (b) **R. W. Connor**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **9**
year **1943** hour **12** minute **20 AM**

21. I hereby certify that I attended the deceased from **Nov. 30 - 42**
19 **March 9** to **March 9** 19 **43**
that I last saw him live on **Mar 9 -** 19 **43**
and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of Stomach
Due to

Due to
Other conditions (Include pregnancy within 3 months of death)
46 lb

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?

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

23. Signature **W. M. Smith** (M. D. or other) **M.D.**
Address **Hannibal, Mo.** Date signed **3/9/43**

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

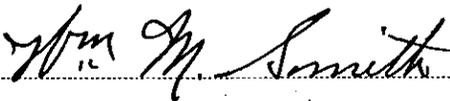
64
3
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64
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114 P

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.....
George T. Bond, Registered Apprentice No. 350
working under my personal supervision.

Signed .....
Licensed Embalmer No. 1204

P. O. Address.....

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.