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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21193

FILED JUL 8 1943

Registration District No. 84 — Primary Registration District No. 4147 — Registrar's No. 14

1. PLACE OF DEATH:

(a) County COOPER

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

(c) Name of hospital or institution: / NONE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution -- (Specify whether
In this community LIFE
years, months or days) ---

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cooper 21

(c) City or town Bunceton Mo 0
(If outside city or town limits, write "RURAL")

(d) Street No. no street number
(If rural, give location)

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

If yes, name country Native 0

3. (a) PRINT FULL NAME LEMMIE BASKETT

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race Colored 3

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife HERBERT BASKETT

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased NOVEMBER, 20, 1892
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
50	7	4	✓ hr. ✓ min.

9. Birthplace COOPER COUNTY MISSOURI 0
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

FATHER
12. Name SANK JACKSON
13. Birthplace COOPER COUNTY MISSOURI 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARTHA KIMBALL
15. Birthplace KENTUCKY /
(City, town, or county) (State or foreign country)

16. (a) Informant Herbert Baskett
(b) Address BUNCETON, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6/25/1943 (Month) (Day) (Year)
(c) Place: burial or cremation Bunceton, Mo.

18. (a) Signature of funeral director Jennie E. Richards
(b) Address Sexton Mo.

19. (a) June 28-1943 (Date received local registrar) (b) Mrs W. W. Robien (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24th
year 1943 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 42, 1942, to June 24, 1943
that I last saw her alive on June 24th, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Dropsical effusion — Duration 3 mo

Due to Valvular heart trouble 2 years

Due to

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy

92d

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 W. H. Elliott (M. D. or other)

Address Bunceton Mo Date signed June 24

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. [illegible]
District File Number
Date Filed 7-7-43

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 Jewell E. Richards

Licensed Embalmer No. 2466

P. O. Address Tipton 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.