

1. PLACE OF DEATH:

(a) County Gasconade  
(b) City or town Gasconade  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Gasconade Mo  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 21 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME HAROLD CHESTER BASCOM

3. (b) If veteran, name war World War 1 3. (c) Social Security 491-24-2859

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Anna Bascom 6. (c) Age of husband or wife if alive 43 years  
7. Birth date of deceased Oct 25 1895  
(Month) (Day) (Year)

8. AGE: Years 47 Months 8 Days 15 If less than one day hr. min.

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

10. Usual occupation IRON WORKER

11. Industry or business

MOTHER FATHER { 12. Name Chester H. Bascom Mo  
13. Birthplace Morrison Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Weissenbach  
15. Birthplace Cleveland Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harold Bascom  
(b) Address Gasconade, Mo  
17. (a) Burial (b) Date thereof July 12-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Good Hope Cemetery  
Morrison, Mo  
18. (a) Signature of funeral director Hugo H. Blumer  
(b) Address Hermann, Mo  
19. (a) July 12 1943 (b) A. H. Kiedler  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gasconade  
(c) City or town Gasconade, 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 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10  
year 1943 hour 19 minute 30 M.

21. I hereby certify that I attended the deceased from July 9 to July 10, 1943  
that I last saw him alive on July 9 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration

Due to .....

Due to .....

Other conditions gfa  
(Include pregnancy within 3 months of death)

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) (c) Means of injury 0

23. Signature Hermann Hermann (M. D. or other) Mo  
Date signed 7-12-43

JUL 27 1948

AUG 17 1948

AUG 18 1948

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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.....

*Hugo St. Blument*

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.