U. S. No. 2
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Rev. 5-17
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 9 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28745
State File No.

Registration District No. 207 Primary Registration District No. 5756 Registrar's No. 142

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

1. PLACE OF DEATH:

(a) County Maries
(b) City or town Rural - Jefferson Twp (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community entire life (years, months or days)

2. USUAL RESIDENCE OF DECEASED: 63

(a) State Missouri (b) County Maries
(c) City or town Rural (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

3. (a) PRINT FULL NAME James Basham
3. (b) If veteran, name war
3. (c) Social Security No. 499-03-7587
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Eliza Basham
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased May (Month) 1 (Day) 1883 (Year)

8. AGE: Years	Months	Days	If less than one day
60	2	26	hr. min.

9. Birthplace Maries County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation farmer
11. Industry or business

FATHER
12. Name Perry Basham
13. Birthplace Maries County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Haley
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Alvie Backues
(b) Address Vienna, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/28/43 (Month) (Day) (Year)
(c) Place: burial or cremation Liberty Cemetery
18. (a) Signature of funeral director Sassmann's Funeral Service
(b) Address Belle, Missouri
19. (a) 8/9/43 (Date received local registrar) (b) Erma Bassett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27th year 1943 hour 7 minute 30 a. M.
21. I hereby certify that I attended the deceased from July 19 1943, July 27 1943, that I last saw him alive on July 27, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Secondary Carcinoma Liver	
Due to Cancer of Stomach	
Due to	
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. C. Howard (M. D. or other)
Address Vienna, Mo. Date signed 7/29/43

1046 (Licensed Embalmer's Statement on Reverse Side)

SEP 13 1945

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 Chester J. Tassman

Licensed Embalmer No. 4178

P. O. Address Bland - 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.