

FILED NOV 25 1943

State File No. _____

Registration District No. _____

Primary Registration District No. 3017

Registrar's No. 128

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Boonville Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Alex. Van Rensselaer's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME ADABELLE BASYE

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

4. Sex FEMALE / race WHITE 5. Color or _____
6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife AUGUST BASYE 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased DEC 14 - 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 7 28 hr. min.

9. Birthplace BOONE CO. MO.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business _____

12. Name ARCH STOCK

13. Birthplace BOONE CO.
(City, town, or county) (State or foreign country)

14. Maiden name SALLIE LEVEL

15. Birthplace BOONE CO.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Margie Bernard Basye

(b) Address Rockport Mo. R.F.D. #1

17. (a) BURIAL (b) Date thereof 10/21/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Big Springs

18. (a) Signature of funeral director A. S. Mendenhall

(b) Address New Market Mo

19. (a) OCT 8 - 43 (b) DY CHAS. SWAP
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. P.R. 1 Rockport
(If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 7
year 1943 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from 9. 27
1943 to Oct 7, 1943
that I last saw her alive on Oct 7, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cholecystitis, inflammation liver, chronic parenchymatous hepatitis, secondary anemia, chronic cholecystitis.
Due to cause unknown.

Other conditions 12/18
(Include pregnancy within 3 months of death)

Major findings: chronic cholecystitis, swelling liver.
Of autopsy none

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) (e) Means of injury _____

23. Signature Alexander Rensselaer (M. D. or other) _____
Address Boonville Mo Date signed 10. 6. 43

Duration 1 y. con.

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURRENCE is very important.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

11-3-43

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

H. L. Hall

Licensed Embalmer No.....

3515

P. O. Address.....

Med. Frank

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.