o. 2
13-40
7-39
X2315

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 18 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37588

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 279

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Grim Smith 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Twelve days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 999
(a) State Colorado (b) County 5
(c) City or town Colorado Springs
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME Gwenda Lou Baskett
3. (b) If veteran, name war XX
3. (c) Social Security No. XX
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced 0 Single
6. (b) Name of husband or wife XXXXX
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased September (Month) 22 (Day) 1937 (Year)

8. AGE: Years 6 Months 1 Days 10 If less than one day ___ hr. ___ min.

9. Birthplace Kirksville (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Student
11. Industry or business

MOTHER FATHER
12. Name Armon Baskett
13. Birthplace Linn County (City, town, or county) Missouri 0 (State or foreign country)
14. Maiden name Ruby Phillips
15. Birthplace Howell County (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Armon Baskett
(b) Address Colorado Springs, Colo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 4, '43 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery
18. (a) Signature of funeral director Thorne Undt. Co.
(b) Address Linneus, Mo.
19. (a) 11/4/43 (Date received local registrar) (b) Mrs. E. L. Wagner (Registrar's signature)

1047

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2nd year 1943 hour ___ minute ___ M.
21. I hereby certify that I attended the deceased from Oct 22, 1943 to Nov. 2nd, 1943 that I last saw her alive on Nov 2nd, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia — Duration 3 wks
Due to Acute enteritis or appendicitis — 3 wks
Due to
Other conditions Developed multiple abscess lung + elsewhere.
(Include pregnancy within 3 months of death)
Major findings:
Of operations Appendix acutely inflamed with generalized mesenteric lymphadenitis
Of autopsy None

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 George E. Goin (M. D. or other) MD
Address Kirksville, Mo. Date signed 11-4-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-43-1864
Date Filed NOV 16 1943

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 Dorr A. Taylor
Licensed Embalmer No. 3761
P. O. Address Lamar, Mo.

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

If this body is not embalmed, fact should be so stated above.