

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 5 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40818

State File No. 5475
Registrar's No.

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Cairo
(c) Name of hospital or institution: St. Lukes Hosp X
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mo. 18 day
In this community 7 yrs 35 (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Walter G. Basinger

3. (b) If veteran, name war

No

3. (c) Social Security No. 486-09-9582

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Mattie Thayer Basinger 6. (c) Age of husband or wife if alive 7 years

7. Birth date of deceased Oct 16 1879 (Month) (Day) (Year)

8. AGE: Years 64 Months 2 Days 5 If less than one day hr. min.

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

10. Usual occupation Sales manager for

11. Industry or business J. C. Nichols Co

12. Name of mother Mary Ann Basinger

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

14. Maiden name unknown

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

16. (a) Informant Mattie Basinger

(b) Address 5632 Pembroke Lane

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/43 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood cem

18. (a) Signature of funeral director Thos. McClure

(b) Address 15 E. 1st

19. (a) 12-23-43 (Date received local register) (b) D. E. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 5632 Pembroke Lane
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 21 year 1943 hour minute M.

21. I hereby certify that I attended the deceased from 8:15 1943 to 12:21 1943
that I last saw him alive on 12-21 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized carcinoma of primary site - penis Duration 3 mo

Due to Melano-Sarcoma 6 mo

Due to 510

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Melano-Sarcoma

Of autopsy

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 T. D. Brown (M. D. or other)

Address 15 E. 1st Date signed 12-22-43

12003 & 110001 120014

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

Licensed Embalmer No. 1415

P. O. Address

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.