S. No. 2
I—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7650

Registration District No. 181 Primary Registration District No. 4293 Registrar's No. 11

1. PLACE OF DEATH:

(a) County Lincoln

(b) City or town Elsberry
(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 ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lincoln 51

(c) City or town Elsberry 1
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Georgia V. Reid

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

4. Sex F | 5. Color or race W | 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife X ..... 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased July (Month) 20 (Day) 1871 (Year)

8. AGE: Years 72 | Months 4 | Days 4 | If less than one day ..... hr. ..... min.

9. Birthplace New Hope (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation House Wife

11. Industry or business .....

FATHER
12. Name Wm H Baskett
13. Birthplace Lincoln Co (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Betty Sanders
15. Birthplace Lincoln (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant M. Reid
(b) Address Elsberry

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 28-44 (Month) (Day) (Year)
(c) Place: burial or cremation Elsberry Cemetery

18. (a) Signature of funeral director W D Bradley
(b) Address Elsberry

19. (a) Feb 23 1944 (Date received local registrar) (b) G C Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26 year 1944 hour 7 minute 30 a M

21. I hereby certify that I attended the deceased from 1-21-44 ....., 19....., to 1-26-, 1944 that I last saw her alive on 1-26-, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Congestion Lungs	1½ day
Due to Gangrene L Right Leg due to Circulation Clot.	2 weeks
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 98.2	
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 0

23. Signature G. V. Keeling (M. D. or other)

Address Elsberry, Mo Date signed 1-28-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 3-9-44

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 W D Bradley
Licensed Embalmer No. 3966
P. O. Address Elsberry

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.