

FILED MAR 29 1944

State File No.

Registration District No.

Primary Registration District No. 3015

Registrar's No. 16

1. PLACE OF DEATH:
 (a) County Clinton
 (b) City or town Cameron
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 616 West Cornhill St. / No.
 (If not in hospital or institution, write street number and location)
 (d) Length of stay: In hospital or institution.....
 In this community 60 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Clinton
 (c) City or town Cameron
 (If outside city or town limits, write "RURAL")
 (d) Street No. 616 West Cornhill St
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Rosetta Melissa Baster
 (b) If veteran, name war No
 (c) Social Security No. No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Mch. day 4
 year 1944 hour 9:45 AM minute..... M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 (b) Name of husband or wife.....
 (c) Age of husband or wife if alive 1866 years
 7. Birth date of deceased Feb. 1 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 1st to March 4th
 that I last saw her alive on Feb 30 and that death occurred on the date and hour stated above.
 Immediate cause of death: Arterio Sclerosis
 Duration.....

8. AGE: Years 78 Months 2 Days 3
 If less than one day hr. min.

Due to.....
 Due to.....

9. Birthplace Highland Co. Ohio
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations.....

10. Usual occupation At home

Of autopsy.....

11. Industry or business.....
 12. Name John Baster
 13. Birthplace Highland Co. Ohio
 (City, town, or county) (State or foreign country)
 14. Maiden name Lydia Ann Hays
 15. Birthplace Fayette Co. Ohio
 (City, town, or county) (State or foreign country)

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

16. (a) Informant Blanche Baster
 (b) Address Cameron

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify).....
 (b) Date of occurrence.....

17. (a) Burial (b) Date thereof 3-6-1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(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?

(c) Place: burial or cremation Evanson Poland Funeral Home

While at work..... (Specify type of injury) (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

18. (a) Signature of funeral director Cameron mo.
 (b) Address.....
 19. (a) 3-6-44 (b) Wm. Kathleen Harris
 (Date received local registrar) (Registrar's signature)

23. Signature Wm. Kathleen Harris (M. D. or other)
 Address Cameron mo. Date signed 3/6/44

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

MAR 2 9 1944

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 Gerald I Wade

Licensed Embalmer No. 4172

P. O. Address Camden, 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.