

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1944

Registration District No. 274

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3052

State File No. 11712

Registrar's No. 112

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 208 1/2 W. 2nd
(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

3. (a) PRINT FULL NAME Roy Herman Baseau

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 25 1944
(Month) (Day) (Year)

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

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

10. Usual occupation

11. Industry or business

12. Name Henry Baseau
13. Birthplace Camden County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Anna Risher
15. Birthplace Climax Springs Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Roxie Ashbrook
(b) Address Sedalia, Missouri
17. (a) Burial (b) Date thereof 3/27/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Crown Hill

18. (a) Signature of funeral director: McLaughlin Bros.
(b) Address Sedalia, Missouri

19. (a) 3-27-44 (b) Mrs. Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 208 1/2 W. 2nd
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 1944 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from birth
Mar 25 1944 to Mar 26 1944;
that I last saw him alive on Mar 26 1944
and that death occurred on the date and hour stated above.
Immediate cause of death: Trauma to head at birth
Duration

Due to Hydrocephalus
Due to

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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

23. Signature Dr. J. Bishop (M. D. or other)
Address Sedalia Mo Date signed 3-27-44

8:41 AM March 26
Bishop

RECEIVED

Medical Examiner Officer No. 8,

District File Number

Date Filed 4-12-47

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

L. F. Parker

Licensed Embalmer No. 3840

P. O. Address Sedalia, 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.