

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14627

State File No. _____

Registrar's No. 47

FILED MAY 11/1944
Registration District No. _____

Primary Registration District No. 4199

1. PLACE OF DEATH:

(a) County Gentry
(b) City or town McFall Missouri
(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 70 years
years, months or days

3. (a) PRINT FULL NAME Fannie Bassett

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

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

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

7. Birth date of deceased March 15 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 0 25 X hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name J H Mitchell

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

14. Maiden name Virginia Bobbitt

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

16. (a) Informant Pearl Bassett

(b) Address McFall, Missouri

17. (a) Burial (b) Date thereof April 11-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shenandoah, Iowa

18. (a) Signature of funeral director E. Groner

(b) Address Tattnallburg Missouri

19. April 18-1944 (b) Home Dr. White
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry 38

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

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

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10
year 1944 hour 12 minute 50 A.M.

21. I hereby certify that I attended the deceased from Mar 25, 1944 to April 9, 1944;
that I last saw her alive on April 9, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 2 yrs.
Duration

Due to _____

Due to _____

Other conditions 938
(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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

Signature C. J. Gray D. O. (M. D. or other)

Address Albany, Mo Date signed 4-15-44

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

1100

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.....

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.