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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40622
Registrar's No. 1238

FILED DEC 16 1944

Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 50 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 1905 Bartlett St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ?

3. (a) PRINT FULL NAME James H. Basher

3. (b) If veteran, name war no 3. (c) Social Security No. 488-14-9300

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

6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased June 4, 1885
(Month) (Day) (Year)

8. AGE: Years 59 Months 6 Days 3 If less than one day hr. min.

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

10. Usual occupation Painter

11. Industry or business

MOTHER, FATHER { 12. Name Smith Basher
13. Birthplace unknown
14. Maiden name unknown
15. Birthplace unknown

16. (a) Informant Mrs. Anna Basher
(b) Address 1905 Bartlett St, St. Joseph, Mo.

17. (a) Burial (b) Date thereof 12-9-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Anthony's Church

18. (a) Signature of funeral director Barry Funeral Home
(b) Address 224 South 10th St, St. Joseph, Mo.

19. (a) 12-9-44 (b) Richard J. Baker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 7
year 1944 hour 3 minute 20 A.M.

21. I hereby certify that I attended the deceased from Dec 7, 1944, to Dec 7, 1944

that I last saw h. alive on Dec 7, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Liver

Due to H67

Due to H67

Other conditions H67
(Include pregnancy within 3 months of death)

Major findings: Of operations H67
Of autopsy H67

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) H67

(b) Date of occurrence H67

(c) Where did injury occur? (City or town) (County) (State) H67

(d) Did injury occur in or about home, on farm, in industrial place, in public place? H67

While at work? (Specify type of place) (e) Means of injury H67

23. Signature Richard J. Baker (M. D. or other) D.O.
Address 873 Towner Date signed 12-8-44

1577

(Licensed Embalmer's Statement on Reverse Side)

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 *Mollie E. Lidenaden Fox*

Licensed Embalmer No. *4235*

P. O. Address. *St. Joseph, 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.