S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1945

Registration District No. 46

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9249

Primary Registration District No. 5154

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town (Mirable) Rural Mirabile
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jump
(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 MISSOURI (b) County CALDWELL 19

(c) City or town MIRABILE) Rural 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Eliza Jane Bassett

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female 1

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife .....

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

7. Birth date of deceased October (Month) 26 (Day) 1863 (Year)

8. AGE: Years 81 Months 82 Days 11 If less than one day ..... hr. ..... min.

9. Birthplace Coshocton (City, town, or county) Ohio 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name William A. Vensel
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Belle Sturgis
(b) Address Polo, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 (Month) 7 (Day) 1945 (Year)

(c) Place: burial or cremation Mirabile Cemetery

18. (a) Signature of funeral director Cramer Clark
(b) Address Kingston, Missouri.

19. (a) Feb 15 (Date received local registrar) (b) Covreno Lavrett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6th year 1945 hour 12 minute 16 A. M.

21. I hereby certify that I attended the deceased from Aug 10, 1944, to January 6, 1945; that I last saw her alive on December 2nd, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Interstitial Nephritis	2 yrs +
Due to Generalized Arterio-Sclerosis.	
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 0

23. Signature Herbert R. Booth (M. D. or other) M D

Address Hamilton Mo. Date signed 1/13/45

96 (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 Cramer Clark

Licensed Embalmer No. 3257

P. O. Address KINGSTON, MISSOURI

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.