

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED APR 4 1945**

STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **10441**

Registration District No. **280**

Primary Registration District No. **0966**

Registrar's No. **28**

1. PLACE OF DEATH: **Platte**  
(a) County **Waldron**  
(b) City or town **Waldron**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **None**  
(Specify whether years, months or days)  
In this community **None**

3. (a) PRINT FULL NAME **Neoma Lee Basham**  
3. (b) If veteran, name war **None**  
3. (c) Social Security No. **None**

5. Color or race **Female - White**  
6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife **None**  
6. (c) Age of husband or wife if alive **None** years  
7. Birth date of deceased **June 2, 1942**  
(Month) (Day) (Year)

8. AGE: Years **2** Months **9** Days **8**  
If less than one day hr. min.

9. Birthplace **Branson Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business

12. Name **Ivan C. Basham**

13. Birthplace **Sayre Kansas**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mrs. Miller**

15. Birthplace **Warm Springs Mo**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Ivan C. Basham**

(b) Address **Waldron Mo**

17. (a) **removal** (b) Date thereof **March 13 - 45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Branson Mo**

18. (a) Signature of funeral director **Island H. Francis**

(b) Address **Parkville Mo**

19. (a) **3-13-45** (b) **Mrs. Clay Riffe**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo** (b) County **Platte**  
(c) City or town **Waldron**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **None** (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Mar**, day **10**, year **1945**, hour **4**, minute **30 P** M.

21. I hereby certify that I attended the deceased from **Feb 24 Mar 1**, 1945, to **Mar 10**, 1945, that I last saw him alive on **Mar 8**, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial pneumonia**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 **T. F. Conkelt** (M. D. or other)

Address **Parkville** Date signed **3/14/45**

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. *149* *Madison Co. Health Unit*

District File Number *4-45-32*

Date Filed *4-2-45*

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 *me*

working under my personal supervision. \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

Signed

*L. H. Francis*

Licensed Embalmer No.

*3451*

P. O. Address

*Parkville 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.