

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

27722

State File No. _____

Registrar's No. 276

Registration District No. 167

Primary Registration District No. 5613

1. PLACE OF DEATH:

(a) County Knox
(b) City or town Edina *Rural Benton*
(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 30 yrs.
years, months or days)

3. (a) PRINT FULL NAME Martin Lee Baskett

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Ida May Wilson 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 13 1866
(Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 14 If less than one day hr. min.

9. Birthplace Fairmont Clark Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Wm. Thomas Baskett
13. Birthplace Fairmont Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Rose Anne Howard
15. Birthplace Memphis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Baskett
(b) Address Edina, Mo.

17. (a) Burial (b) Date thereof July-29-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bear Creek, Clark Co.

18. (a) Signature of funeral director Keith H. Hudson

(b) Address Edina, Missouri

19. (a) 8-2-45 (b) Nelle Northcutt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox
(c) City or town Edina *Rural - Benton*
(If outside city or town limits, write "RURAL")
(d) Street No. 7 miles North East of Edina.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
year 1945 hour 9 minute AM

21. I hereby certify that I attended the deceased from July 22, 1945, to July 27, 1945,
that I last saw him alive on July 25, 1945,
and that death occurred on the date and hour stated above.
Immediate cause of death Flu
Duration 5 days

Due to Aspiration

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy 331

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 2

Signature Edina (M. D. or other) D

Address Edina Date signed 7-28-45

(Licensed Embalmer's Statement on Reverse Side)

1142

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

RECEIVED

District Health Officer No. 10

District File Number 8-45-1347

Date Filed AUG 16 1945

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. 7415

P. O. Address: Elin M. O.

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.