

**FILED** SEP 21 1945

Registration District No. **169**

Primary Registration District No. **4262**

**1. PLACE OF DEATH:**

- (a) County **Knox**  
(b) City or town **Knox City**  
(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 **13 years** (Specify whether years, months or days)  
In this community **13 years**

**3. (a) PRINT FULL NAME**

**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** **1**

**6. (b) Name of husband or wife** **George Benjamin Baster** **6. (c) Age of husband or wife if**  
**deceased** **44** years

**7. Birth date of deceased** **July 6, 1870**  
(Month) (Day) (Year)

**8. AGE:** Years **75** Months Days If less than one day  
hr. min.

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

**10. Usual occupation** **Housewife**

**11. Industry or business** **Wash. & Dry**

**12. Name** **Pauline**

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

**14. Maiden name** **Elizabeth Pelican**

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

**16. (a) Informant** **George Baster**

**(b) Address** **Knox City Mo.**

**17. (a)** (Burial, cremation, or removal) **(b) Date thereof** **Aug 28 - 45**  
(Month) (Day) (Year)

**(c) Place: burial or cremation** **Knox City**

**18. (a) Signature of funeral director** **W. H. Baster**

**(b) Address** **Knox City Mo.**

**19. (a)** **Aug 26 - 45** **(b) Nelle Northcutt**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

- (a) State **Missouri** (b) County **Knox** **52**  
(c) City or town **Knox City** **0**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **0**  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **26** day **August**  
year **1945** hour **11** minute **10 A.** M.

**21. I hereby certify that I attended the deceased from** **May 12**  
**1945**, to **Aug 26**, **1945**  
that I last saw her alive on **May 10**, **1945**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary**  
**occlusion** **Duration** **—**

Due to **Arterio Sclerosis** **2**  
**Chronic Myocarditis** **Several**  
Due to **years**

Other conditions **Semilethal**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **9403**

Of autopsy **9403**  
**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 **0**

**23. Signature** **Waldo B. Brown** (M. D. or other) **MD**  
**Address** **Knox City Mo.** **Date signed** **8/26/45**

RECEIVED

District Health Officer No. 10

District File Number 9-45-1472

Date Filed SEP 19 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. 14260

P. O. Address. Chamberlains

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.