

5-17-39  
FILED MAR 18 1946

Registration District No. 291

Primary Registration District No. 4433

Registrar's No. 6

### 1. PLACE OF DEATH:

(a) County Polk  
(b) City or town Unionville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Monroe  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
(Specify whether  
In this community 3 days  
years, months or days)

3. (a) PRINT  
FULL NAME

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

4. Sex M D 5. Color or race W 6. (a) Single, widowed, married U divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_  
alive \_\_\_\_\_ year

7. Birth date of deceased Dec 6 1944  
(Month) (Day) (Year)

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

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

**MOTHER, FATHER -**

11. Industry or business U. S. Louis Barsena

MOTHER, FATHER { 12. Name Chicago Ill /

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

{ 14. Maiden name Betty L. Yardley

15. Birthplace Pollock Ill /

(City, town, or county) (State of foreign country)

16. (a) Informant Mrs Edwin Yardley  
(b) Address 1501 Locust

17. (a) Burial (b) Date thereof 12-11-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Schoenies

(b) Address Mulan, Mo

19. (a) 1-12-45 (b) Marwell Durkin  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Sullivan  
(c) City or town Pallock (If outside city or town limits, write "RURAL")  
(d) Street No. Rural (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec day 4  
year 1943 hour 10 minute 0 M

21. I hereby certify that I attended the deceased from Dec 6, 1945, to Dec 9, 1945,  
that I last saw him alive on Dec 9, 1945,  
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<p> <del>                     Paley 17 Argumen                      Quall of heart                 </del> </p>	<p>3 days</p>

Due to \_\_\_\_\_

Other conditions 000 - 1  
(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?

While at work? no (Specify type of place) no  
 Means of injury no

11/11/11

23. Signature [Signature] (M. D. or other) 25-8  
Address 7 Monmouth St. Date signed 13-18

2166 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
District Health Officer No. 10  
District File Number 3-46-448  
Date Filed MAR 12 1946

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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.....

*Dwight Schauer*

Licensed Embalmer No. 2667

P. O. Address Milan, 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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. April  
Registrar's No. 16

Registration District No. 291

Primary Registration District No. 4423

1. PLACE OF DEATH:

(a) County Putnam  
(b) City or town Unionville  
(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. years, months or days)

3. (a) PRINT FULL NAME Phil L. Bassena  
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 s  
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years  
7. Birth date of deceased Dec 6 (Month) (Day) (Year)  
8. AGE: Years Months Days If less than one day  
3 hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name  
13. Birthplace (City, town, or county) (State or foreign country)  
14. Maiden name  
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan  
(c) City or town Pollock (If outside city or town limits, write "RURAL")  
(d) Street No. Rural (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April year 1946 hour 11 minute 15 M.

21. I hereby certify that I attended the deceased from 12 to 12, 1946;  
that I last saw him alive on April 11, 1946;  
and that death occurred on the date and hour stated above.  
Immediate cause of death Heart Duration

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?

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

23. Signature (M. D. or other)

Address Date signed

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

SUPPLEMENTARY

10428