

S. No. 2
M-2-43
7-5-17-39
X35357

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17278

FILED JUN 12 1946

State File No. _____

Registration District No. 783

Primary Registration District No. 4297

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Purdin
(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 _____ (Specify whether _____)
In this community Lifetime years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn

(c) City or town Purdin
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME John Banion Baskett

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17 year 1946 hour 8:00 minute 10 P.M.

21. I hereby certify that I attended the deceased from July 21st 1946 to May 17 1946; that I last saw him alive on May 16 1946; and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Permelia E. Baskett 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased: December 10 1869
(Month) (Day) (Year)

Immediate cause of death: Uremiae parison

Due to: Diabetes Mellitus

Due to: _____

Other conditions none
(Include pregnancy within 3 months of death)

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

76	5	7	hr. min.
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9. Birthplace Sullivan County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

Major findings:
Of operations none

Of autopsy none

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name George P. Baskett

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

14. Maiden name Mary E. Fields

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

16. (a) Informant Anna Mae E. Baskett

(b) Address Purdin Mo.

17. (a) Burial (b) Date thereof 5-19-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morris Chapel - Purdin Mo.

18. (a) Signature of funeral director E. Robertson Funeral Home

(b) Address Lorade Mo.

19. (a) May 19 1946 (b) Elva Crookshanks
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none

(b) Date of occurrence none

(c) Where did injury occur? none
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
none
While at work? none (Specify type of place) (e) Means of injury none

23. Signature Guy W. Colburn (M.D. or other) _____
Address Purdin Mo. Date signed 5-18-46

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

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

John M. Robertson

Licensed Embalmer No. *4388*

P. O. Address. *Laredo Ms*

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.