

FILED DEC 19 1946

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Newton
 (b) City or town Joplin
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3337 Oakridge Drive
 (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 31 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton
 (c) City or town Joplin
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3337 Oakridge Drive
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Rutherford R. Bassett

3. (b) If veteran, name war War 1
 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Zenith Bassett
 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Jan. 1, 1889
 (Month) (Day) (Year)

8. AGE: Years 57 Months 10 Days 26
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Manager, Otis Elevator Co.

11. Industry or business _____

12. Name James Bassett.

13. Birthplace Mary's County Missouri.
 (City, town, or county) (State or foreign country)

14. Maiden name Manda Ellen Raney.

15. Birthplace Hawkins County Ohio.
 (City, town, or county) (State or foreign country)

16. (a) Informant Zenith Bassett

(b) Address 3337 Oakridge Joplin Mo.

17. (a) Burial (b) Date thereof 12/2/46.
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Mem Cem.

18. (a) Signature of funeral director Ed J. Jones
Joplin Mo.

(b) Address _____

19. (a) 11-30-46 (b) Ed J. Jones
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

Nov. 27, 1946

20. DATE OF DEATH: Month _____ day _____
 year _____ hour 2-45 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____
and that death occurred on the date and hour stated above.
 Immediate cause of death Coronary Occlusion
 Duration _____

Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings: 94A
 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 Ed J. Jones (M. D. or other) _____
 Address 3114 Joplin Date signed 11/29/46

PHYSICIAN

Underline the cause to which death should be charged statistically.

WHITE PAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

~~7661~~
FEB 6 1947

DEC 30 1946

JUN 26 1953

RECEIVED

District Health Officer No. *Newton*
District File Number *1246-176*
Date Filed *12-16-46*

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 *Edmund M. Stenberg*
Licensed Embalmer No. *003566*

P. O. Address *Newton, Missouri*

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.

Registration District No. 126 Primary Registration District No. 2001

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

1. PLACE OF DEATH:
 (a) County Newton
 (b) City or town Joplin
(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

2. USUAL RESIDENCE OF DECEASED:
 (a) State _____ (b) County _____
 (c) City or town _____
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Rutherford R. Bassett
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month Jan Day 27, 1946
 year _____ hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____ to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

4. Sex M
 5. Color or race W
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Zenith
 6. (c) Age of husband or wife if alive _____
 7. Birth date of deceased Jan 1 (Month) 1901 (Year)

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

8. **AGE:** Years 52 Months _____ Days _____
If less than one day
 _____ hr. _____ min.
 9. Birthplace _____ (City, town, or county) _____ (State or foreign country)
 10. Usual occupation _____

Due to _____
 Due to _____
 Major findings:
 Of operations _____
 Of autopsy _____

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

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 _____

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) Ed Johnson (Registrar's signature)

23. Signature _____ (M. D. or other) _____
 Address _____ Date signed _____

SUPPLEMENTARY

41470