

FILED FEB 10 1947
Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 13

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1
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Andrew

(b) City or town Medico
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1019 E. Lafayette Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 70000 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Ind (b) County Andrew

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

(d) Street No. 1011 1/2 Lafayette
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country Indonesia

3. (a) PRINT FULL NAME FRANCIS BASKETT

3. (b) If veteran, name war ✓

3. (c) Social Security No. 6

4. Sex Female 5. Color or race 3 - Negro

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Henry Baskett 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 1-6-1892
(Month) (Day) (Year)

8. AGE: Years 75 Months - Days 18 If less than one day hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name Jefferson Jackson

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

14. Maiden name Edith Bingham

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

16. (a) Informant Lucile Wright

(b) Address Medico Ind

17. (a) Burial (b) Date thereof 1-27-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Medico Ind

18. (a) Signature of funeral director Thos. O. Parker

(b) Address Blanche, Missouri

19. (a) 1/27/46 (b) Blanche, Mo
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 24 year _____ hour 4 minute 30 M.

21. I hereby certify that I attended the deceased from 12-4-46 to 1-24-47 1947

that I last saw her alive on 1-24 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to _____

Due to _____

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

Major findings: Of operations 93D

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 0

23. Signature H. J. Gator (M. D. or other) _____
Address Medico Ind Date signed 1-27-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
DEPT. OF HEALTH OFFICER No. 10
2-47-229
FEB - 5 1947
Date Filed

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 _____

working under my personal supervision. _____
Registered Apprentice No. _____

Signed Stuart P. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia, Md.

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.