

S. No. 2
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5-17-39
P1 X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 25 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30732

State File No. _____

Registration District No. 75

Primary Registration District No. 4138

Registrar's No. 18

1. PLACE OF DEATH:
 (a) County CLINTON
 (b) City or town LATHROP
(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 4 1/2 years
years, months or days

3. (a) PRINT FULL NAME William Ashley Baskette
3. (b) If veteran, _____ **3. (c) Social Security** 475-01-8110
name war

4. Sex Male **5. Color of race** White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if** _____
alive _____ years

7. Birth date of deceased June 13 1875
(Month) (Day) (Year)

8. AGE: Years 72 Months 3 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Lonelece - Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business ELEVATOR CO.

12. Name G. W. BASKETTE

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

14. Maiden name MARY KEEN

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

16. (a) Informant MRS. EDNA MICK
(b) Address LATHROP - MO.

17. (a) Burial **(b) Date thereof** Sept. 19 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LATHROP - MO.

18. (a) Signature of funeral director De Moss CRUOK
(b) Address Compton - MO.

19. (a) Sept. 22, 47 **(b) Winifred W. Moser**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County CLINTON
 (c) City or town LATHROP
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16
 year 1947 hour 8 minute 0 P. M.

21. I hereby certify that I attended the deceased from July 1 - 1947 to Sept. 16 47
 that I last saw him alive on Sept. 15, 19 47
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Duration

Due to _____

Due to _____

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

Major findings: 930
 Of operations _____

Of autopsy _____
 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

23. Signature L. Longfield (M. D.)
Address Lathrop, Mo. **Date signed** 9/18/47

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

SEP 20 1941

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.....

Harold Lee Walker, Registered Apprentice No. *21*
working under my personal supervision.

Signed *de Gross Crunk*

Licensed Embalmer No. *2533*

P. O. Address *CAMERON 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, above space should be left blank.