S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37307

FILED DEC 13 1947

Registration District No. 389

Primary Registration District No. 5165

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Guthrie (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 1 (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway 14

(c) City or town Guthrie (If outside city or town limits, write "RURAL") 0

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

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

If yes, name country 0

3. (a) PRINT FULL NAME ~~Earnest~~ Ernest Basinger

3. (b) If veteran, name war NO

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of ~~husband~~ or wife Cordie

6. (c) Age of ~~husband~~ or wife if alive 73 years

7. Birth date of deceased Feb (Month) 5 (Day) 1873 (Year)

8. AGE: Years 74 Months 9 Days 29 If less than one day hr. min.

9. Birthplace Holtsummit (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name John Y. Basinger
13. Birthplace Callaway Co. (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Martha Moore
15. Birthplace Callaway Co (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant X Mrs Eugene Mertz

(b) Address Guthrie Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 7-47 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Ivy Fork Cemt.

18. (a) Signature of funeral director Ray A. Holt

(b) Address New Bloomfield Mo

19. (a) Dec 4-47 (Date received local registrar) (b) LeRoy Claypool (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4 year 1947 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from Dec 3, 1947 to Dec 4, 1947 that I last saw him alive on Dec 3, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cornary Thrombosis

Due to

Due to

Other conditions Acute Indigestion (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 947

Duration

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature E. McD Rusk (M. D. or other)

Address New Bloomfield Date signed 12/4/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.