

FILED OCT 15 1948

Registration District No. 140

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3024

State File No. 29595

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Howard
(b) City or town Fayette
(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 -----
In this community Most of his life (Specify whether years, months or days)

3: (a) PRINT Eugene Baskett
FULL NAME

3. (b) If veteran, name war ----- 3. (c) Social Security No. -----

4. Sex Male 5. Color or race Black 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ----- 6. (c) Age of husband or wife if alive ----- years
7. Birth date of deceased March 3, 1894
(Month) (Day) (Year)

8. AGE: Years 54 Months 7 Days 3 If less than one day ----- hr. ----- min.

9. Birthplace Howard Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business -----

12. Name James Baskett

13. Birthplace Unknown (State or foreign country)

14. Maiden name Betty Powell (State or foreign country)

15. Birthplace Howard Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Smith Baskett

(b) Address Fayette, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/9/48
(Month) (Day) (Year)

(c) Place: burial or cremation Fayette City Cem. 2

18. (a) Signature of funeral director Ralph A. Carr

(b) Address Fayette, Missouri

19. (a) 10-9-1948 (Date received local registrar) (b) Deputy John Baskett (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard
(c) City or town Fayette
(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 -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6th
year 1948 hour 7:00 minute A. M.

21. I hereby certify that I attended the deceased from Jan 5 1948
to October 6 1948
that I last saw him alive on September 2 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Syphilitic heart disease Duration Unknown

Due to -----

Due to -----

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

Major findings: Of operations 3. D.C.

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 Francis J. Allen (M. D. or other) MD
Address 210 Fayette, Mo Date signed 10/9/48

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 10-14-48

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. 3340

P. O. Address Jayette 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, fact should be so stated above.