

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40810

State File No. _____

FILED DEC 22 1948

Registration District No. _____

Primary Registration District No. 3044

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Miller
 (b) City or town Eldon
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
629 East Newton
 (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)

3. (a) PRINT FULL NAME Ella English Baskett

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Henry Baskett 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Nov. 18 1877
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 0 28 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Warren Bethel
 13. Birthplace Kentucky
 (City, town, or county) (State or foreign country)
 14. Maiden name Emma English
 15. Birthplace Kentucky
 (City, town, or county) (State or foreign country)

16. (a) Informant Henry Baskett
 (b) Address Eldon, Missouri
 17. (a) Burial (b) Date thereof 12-18-1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eldon Cemetery
 18. (a) Signature of funeral director Louis D. Phillips
 (b) Address Eldon, Missouri

19. (a) 12-18-48 (b) Alvaretta Walt
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller
 (c) City or town Eldon
 (If outside city or town limits, write "RURAL")
 (d) Street No. 629 East Newton
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16
 year 1948 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan
1948 to Dec 16, 1948
 that I last saw him alive on Dec 15, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
 Due to arteriosclerosis
hypertension
 Due to _____

Other conditions
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations MI
 Of autopsy _____
 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 E. W. F. Allen (M. D. or other)
 Address Eldon, Mo Date signed 12/18

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
AUG 18 1948
District File Number
Date Filed DEC 21 1948

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.....

..... Louis D. Phillips, Registered Apprentice No.....
working under my personal supervision.

Signed Louis D. Phillips
Licensed Embalmer No. 3663

P. O. Address Eldon

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.