

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

41087
Do not use this space.

1. PLACE OF DEATH

(a) County Washington ³ Registration District No. 887
 (b) Township Patton Liberty Primary Registration District No. 618
 (c) City _____ (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 209 John B. Basse St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Husband
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12 - 1874
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 65 2 3
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baraboo Wis

FATHER 13. NAME Armas Basse

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baraboo Wis

MOTHER 15. MAIDEN NAME Mattie Pharis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Maggie Basse

18. BURIAL, CREMATION, OR REMOVAL PLACE Salv Chapel DATE Mar 17 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Sparks Patton

20. FILED Nov 30 1939 G.F. Cresswell Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 15 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 14 1939 to Nov 15 1939

I last saw him alive on Nov 13 1939. Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

Injury to liver
Sawmill accident
 Other contributory causes of importance:
Fracture ribs
Retroperitoneal hemorrhage

Date of onset
Nov 11

Name of operation None Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury Nov 14 1939

Where did injury occur? Sawmill near Patton, Mo.
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Caught on Saw Drive Shaft

Nature of injury Fracture ribs Injury liver

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) G.F. Cresswell M. D.

(Address) Patton Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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, above space should be left blank.