

Registration District No. 58

Primary Registration District No. 5092

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Pheasant Gap  
(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 \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates

(c) City or town Rural (Pheasant Gap)  
(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.? 0 years.

3. (a) PRINT FULL NAME Dexter D Bassett.

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Mrs Ethel Bassett

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased April 18 1870  
(Month) (Day) (Year)

8. AGE: Years 70 Months 8 Days 28  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Branch Co Michigan  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name George Bassett.

13. Birthplace Pellets Falls Vermont  
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca McCoil

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

16. (a) Informant Mrs. D. D. Bassett

(b) Address Bulls, Mo. R.F.D.

17. (a) Buried (b) Date thereof Jan 19 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rogers Cemetery

18. (a) Signature of funeral director Culver

(b) Address Bulls mo

19. (a) Jan 31-1941 (b) Mrs. Pauline Davis  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15  
year 41 hour 11 minutes 10 P. M.

21. I hereby certify that I attended the deceased from Jan 14th  
to Jan 15th 1941  
that I last saw him alive on Jan 15th 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to 131 Iodine

Due to Chronic nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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? 9 80

(e) Means of injury \_\_\_\_\_  
(Specify type of place) While at work?

23. Signature Ed La Huer (M. D. or other) DM

Address Bulls mo Date signed 1-19-41

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

7  
0

RECEIVED

District Health Officer No. 7,

District File Number 2-41-102

Date Filed 2-3-41

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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

*B. Anton Lisle*

Licensed Embalmer No.

*4123*

P. O. Address

*Butler, 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.**