

FILED FEB 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2659

State File No. _____

Registration District No. 316

Primary Registration District No. 5440

Registrar's No. 74

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

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ozark Osteopathic Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME William Henry Basinger

3. (b) If veteran, name war no 3. (c) Social Security No. None

4. Sex m 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Clara A. Basinger 6. (c) Age of husband or wife if alive 46 1/2 years

7. Birth date of deceased Unknown 1894
(Month) (Day) (Year)

8. AGE: Years 67 approx Months unknown Days _____ If less than one day _____ hr. _____ min.

9. Birthplace unknown (City, town, or county) Unknown (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name unknown

13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Clara A. Basinger

(b) Address Nowood Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-29-41
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem. 10 miles north of Nowood

18. (a) Signature of funeral director David E. Hadden
(b) Address Hartsville Mo

19. (a) 1-29-41 (Date received local registrar) (b) W. E. Hurdley (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright
(c) City or town Nowood (If outside city or town limits, write "RURAL")
(d) Street No. Rfd #1 (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27 year 1941 hour 4:23 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan 25th, 1941, to Jan 27, 1941; that I last saw him alive on Jan 27, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death lobar pneumonia

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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? at home
While at work? _____ (Specify type of place) (e) Means of injury _____

Signature William H. Hurdley (M.D. or other) Dr
Address 2100 S. Holland Date signed 1/27/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Gene E. Holden

Licensed Embalmer No.

3865

P.O. Address

Hartsville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.