FILED MAY 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14103

Registration District No. 105 Primary Registration District No. 5161 Registrar's No. 6

1. PLACE OF DEATH:

(a) County Callaway Cote Sans Dessin

(b) ~~City or town~~ Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3 miles east of Dixie, Mo. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community All of life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway 14

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Callay county 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Isiabindia Basinger

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

4. Sex Female 1 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife J. W. Basinger 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 3 (Month) 20 (Day) 1860 ~~1941~~ (Year)

8. AGE: Years	Months	Days	If less than one day
81		18	hr. min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

FATHER
12. Name Ben Drake
13. Birthplace 9 Ink
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rickett
15. Birthplace 9 Ink
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature B. H. Basinger
(b) Address Fulton, Missouri.

17. (a) Burial (b) Date thereof 4/10/1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Unionhill

18. (a) Signature of funeral director Ray A Holt
(b) Address NewBloomfield, Missouri. 107

19. (a) 4-16-1941 (b) W. H. Williamson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 8
year 1941 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from Jan 1, 1939, to April 8, 1941;
that I last saw her alive on Mar 28, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General Arteriosclerosis	
Due to	
Due to 97	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy None	

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

23. Signature E. McD Rusk (M. D. or other) 0
Address New Bloomfield Mo Date signed 4/8 41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should
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 Ray A Holt

Licensed Embalmer No. 2605

P. O. Address New Bloomfield, Missouri

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

If this body is not embalmed, above space should be left blank.