

FILED JUN 13 1941

19250 Lane

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 875

Primary Registration District No. 3039

Registrar's No. 165

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1001 S. College
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community Many years
years, months or days)

9. (a) PRINT FULL NAME Joseph Basket

3. (b) If veteran name war no 8. (c) Social Security No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased about 1853
(Month) (Day) (Year)

8. AGE: Years 88 Months ? Days ? If less than one day hr. min.

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

10. Usual occupation retired farmer

11. Industry or business none

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant James Thibault

(b) Address Nevada, Mo

17. (a) Burial (b) Date thereof 5/19/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highwood Cemetery

18. (a) Signature of funeral director Ferry Funeral Home
(b) Address Nevada, Mo

19. (a) May 29, 1941 (b) Allen Updegraff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Vernon '08
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 1001 S College
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17,
year 1941 hour 2 minute _____ A. M.

21. I hereby certify that I attended the deceased from May 16 1941, to May 17 1941;
that I last saw him alive on May 16 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Don't know

Due to _____
Other conditions None known
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration Don't know

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? _____

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

23. Signature W. J. Love (M. D. or other)
Address Nevada, Mo Date signed 5/29/41

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

08
1-
2-

RECEIVED

District Health Officer No. 7,

District File Number 6-41-979

Date Filed 6-10-41

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 Lloyd R. Winsett

Licensed Embalmer No. 3857

P. O. Address Wada, 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, above space should be left blank.