No. 2
4-13-40
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X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr. Webb

25138

State File No.

FILED AUG 15 1941

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 608

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: 1628 Sherman
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution / (Specify whether years, months or days)

In this community 21 years

2. USUAL RESIDENCE OF DECEASED:

039

(a) State Missouri (b) County Greene 2 6

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

(d) Street No. 1628 Sherman
(If rural, give location)

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

3. (a) PRINT FULL NAME Emma Smith Basham

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Ernest Basham

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased April (Month) 20 (Day) 1899 (Year)

8. AGE: Years 42 Months 3 Days 5 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Wm. W. Smith
13. Birthplace Dade County (City, town, or county) 0 Missouri (State or foreign country)

MOTHER
14. Maiden name Laura Belle Sanders
15. Birthplace Dade County (City, town, or county) 0 Missouri (State or foreign country)

16. (a) Informant Ernest Basham
(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Antioch Cem.

18. (a) Signature of funeral director H. H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 7-26-41 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

184

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25 year 1941 hour 11 minute p. M.

21. I hereby certify that I attended the deceased from June 14, 1937, 19..., to July 25, 1941, that I last saw her alive on July 25, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrage	7:00 to 11:00 on 7-25-41
Due to: Arterial Hypertension	10 years
Due to: 430	
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 Lester R. Webb (M. D. or other) 0
Address Springfield Mo. Date signed 7-26-41

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 Walter E Hamilton

Licensed Embalmer No. 8808

P. O. Address Springfield Mo

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

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