

FILLED NOV 17 1941

Registration District No. 290

Primary Registration District No. 3-408

Registrar's No.

1. PLACE OF DEATH:

(a) County Dunklin Mo.
(b) City or town Arbord Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 year (Specify whether
In this community 2 year years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dunklin
(c) City or town Arbord (If outside city or town limits, write "RURAL") 35
(d) Street No. 0 (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 15
year 1941 hour 11 minute 45 AM.
21. I hereby certify that I attended the deceased from 10-15 1941 to 10-14 1941
that I last saw h. IM alive on 10-14 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic pyorrhea with
mitral stenosis
Due to _____
Due to _____

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings: 92 b
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?

While at work? (Specify name of place) (Specify name of injury)
23. Signature W. T. English M.D. (M. D. or other)
Address Arbord Mo. Date signed _____

3. (a) PRINT FULL NAME WILLIAM B. BASSETT
3. (b) If veteran, name war No 3. (c) Social Security No. No.

4. Sex MO 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Bertha Bell Bassett
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased April 21 1881
(Month) (Day) (Year)

8. AGE: Years 60 Months 5 Days 24 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER {
12. Name Charles Edward Bassett
13. Birthplace Ind. (City, town, or county) (State or foreign country) 1
14. Maiden name Mary Cranch
15. Birthplace Ind. (City, town, or county) (State or foreign country)

16. (a) Informant Bertha Bell Bassett
(b) Address Arbord

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-20-41 (Month) (Day) (Year)
(c) Place: burial or cremation Hammersville Mo.

18. (a) Signature of funeral director F. H. Howard
(b) Address Leachville, Ark.

19. (a) Nov. 7 1941 (Date received local registrar) (b) A. D. McDaniel (Registrar's signature)

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

500

RECEIVED

District Health Office No. 2,

District File Number 1141-1566

Date Filed 11/13/41

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 H. H. Howard

Licensed Embalmer No. 3959

P. O. Address Leachville, Ark.

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.