S. No. 2
M—5-42
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97 1 2

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

3610

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1943

Registration District No. 324

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Primary Registration District No. 3072

Registrar's No. 4

1. PLACE OF DEATH:
(a) County SALINE
(b) City or town MARSHALL (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NONE (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NO (Specify whether years, months or days) In this community Life

2. USUAL RESIDENCE OF DECEASED: 97 1
(a) State mo (b) County Saline 2
(c) City or town marshall mo (If outside city or town limits, write "RURAL")
(d) Street No. 463 west washington (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME CHARLES Robert BASSETT
3. (b) If veteran, name war ✓
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 3 (Day) 1904 (Year)

8. AGE: Years 38 | Months 9 | Days 0 | If less than one day hr. min.

9. Birthplace Marshall (City, town, or county) mo 0 (State or foreign country)
10. Usual occupation Cleaning, Pressing
11. Industry or business

MOTHER FATHER
12. Name Mr John BASSETT
13. Birthplace MARHALL (City, town, or county) Mo 0 (State or foreign country)
14. Maiden name LOUISA FALLS
15. Birthplace Arrow Rock (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Mrs John Bassett
(b) Address Marshall mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 6 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cem
18. (a) Signature of funeral director Don Short
(b) Address marshall mo
19. (a) 1-5-43 (Date received local registrar) (b) Mrs O Westbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3rd year 1943 hour 11 minute 10A M.
21. I hereby certify that I attended the deceased from Dec 10th 1942, to Jan 3rd 1943; that I last saw h~~im~~ alive on Jan 1st 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Nephritis — Duration Dont Know

Due to Dont Know

Due to ✓

Other conditions ✓ (Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

130

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 W P madison (M. D. or other)
Address Marshall, Mo. Date signed 1-5-43

1211 (Licensed Embalmer's Statement on Reverse Side)

LIVED
rict Health Officer No. 8,
ct File Number _____
Date Filed 2-9-43

MAR 10 1958

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 Donald W. Short

Licensed Embalmer No. 3757

P. O. Address Marshall 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, fact should be so stated above.