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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 9 1943

Registration District No. 2

Primary Registration District No. 3056

Registrar's No. 66

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution:
307 So. 4th St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
In this community 42 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

(d) Street No. 307 So. 4th St
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Lena Bassett

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

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

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

7. Birth date of deceased Jan. 27th 1855
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>1</u>	<u>28</u>	hr. min.

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

10. Usual occupation At home

11. Industry or business.....

12. Name Thomas N. Stephens

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

14. Maiden name Mary Swindell

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

16. (a) Informant Mrs. Herbert Lamb

(b) Address Moberly, Mo

17. (a) Burial (b) Date thereof March 28th 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Mo

18. (a) Signature of funeral director Mahan and Son

(b) Address Moberly, Mo

19. (a) 3/26/43 (b) Irma Yau
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25th
year 1943 hour 11 minute 50 A.M.

21. I hereby certify that I attended the deceased from March 28th 1943, to March 30th 1943, that I last saw him alive on March 28th 1943, and that death occurred on the date and hour stated above.

Immediate cause of death acute pneumonia

Due to.....
Due to.....

Other conditions (Include pregnancy within 3 months of death) 106a

Major findings: Of operations.....

Of autopsy no

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 type of place) (e) Means of injury.....

23. Signature W. H. Meigs (M. D. or other)
Address Moberly, Mo. Date signed 3/24/43

Duration 5 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 4-43-669

Date Filed APR 8 1949

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.....

Frank B. D. Witt

Licensed Embalmer No. 3021

P. O. Address.....

Moberly 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.