

PI X29484

Registration District No. **91**

Primary Registration District No. **5378**

Registrar's No. **6**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
28
0
0

1. PLACE OF DEATH:
 (a) County **Crawford Co.**
 (b) City or town **Osage Township Rural**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1**
(Specify whether
 In this community **3 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.** (b) County **Crawford 28**
 (c) City or town **Osage Township Rural 00**
(If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME **Robert Lee Basham**

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

4. Sex **M.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **S. 0**

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive **4** years

7. Birth date of deceased **1** **4** **1933**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	11	5	8	hr. min.

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

10. Usual occupation

11. Industry or business

12. Name **Bernie Basham**

13. Birthplace **Don't Know 9**
(City, town, or county) (State or foreign country)

14. Maiden name **Dorha Strader**

15. Birthplace **Harris Co Mo. 0**
(City, town, or county) (State or foreign country)

16. (a) Informant **Harrison Thomas**

(b) Address **Viburnum, Mo.**

17. (a) **Burial** (b) Date thereof **6-13-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Viburnum, Mo.**

18. (a) Signature of funeral director **Hobson & Grantham**

(b) Address **Salem, Mo.**

19. (a) **6-15-44** (b) **E. E. Beety**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **12** year **1944** hour **1** minute **30** P. M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death **Jury's verdict at Coroner's Inquest was that accidental death resulted from strangulation by Due to rope.**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident. 028**

(b) Date of occurrence **June 12, 1944**

(c) Where did injury occur? **Viburnum, Crawford, Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Farm**
While at work? (Specify type of place) (e) Means of injury

23. Signature **Waltman** (M.D. or other) Probate Judge & Acting Coroner Address **Steeville, Mo.** Date signed **6/15/44**

Duration Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,
District File Number 744372
Date Filed 7-5-44

APR 11 1944

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.....

me

....., Registered Apprentice No.

working under my personal supervision.

Signed *Orde E. Licklider*

Licensed Embalmer No. *3546*

P. O. Address *St James*

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.