

No. 2
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-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20723

FILED JUN 21 1946

State File No. _____

Registration District No. 156

Primary Registration District No. 3001

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper no

(b) City or town Jasper

(c) Name of hospital or institution: St. Johns Hosp
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 5
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Cherokee

(c) City or town Galena Rural
(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 Dave 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 MARRIED

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

7. Birth date of deceased April 27 1868
(Month) (Day) (Year)

8. AGE: Years 78 Months 0 Days 10 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant George Basham
(b) Address RR1 Galena Kansas

17. (a) Burial (b) Date thereof 5 11 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem. Galena

18. (a) Signature of funeral director Miller
(b) Address 519 Main Galena, Kan

19. (a) 5-8-46 (b) Ed Jones
(This receiver local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7 year 1946 hour 03 minute 45 P.M.

21. I hereby certify that I attended the deceased from May 3 1946 to May 7 1946 that I last saw him alive on May 7 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial failure.

Due to Carcinoma of urinary bladder.

Other conditions (include pregnancy within 3 months of death) 52K

Major findings: no operation

Of autopsy no

Duration _____

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 type of place) (e) Means of injury _____

23. Signature: J. Miller (M. D. or other) _____
Address Jasper Date signed 5-8-46

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

46-5-452

1950

1950 12 14 000-2

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.....

Licensed Embalmer No.....

P. O. Address.....

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.