

**FILED** OCT 17 1946

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 3000

Registrar's No. 377

1. PLACE OF DEATH:

(a) County Adair  
 (b) City or town Carrollville  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Nursing Home #2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 15 days  
 (Specify whether  
 In this community  
 years, months or days)

3. (a) PRINT FULL NAME John Arthur Basingham

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

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Judith Coram 6. (c) Age of husband or wife if alive 76 years  
 7. Birth date of deceased Dec 18 1866  
 (Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 15 If less than one day  
 hr. min.

9. Birthplace Shucock County Ill  
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

12. Name James Wesley Basingham

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

14. Maiden name Elizabeth Bryan

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

16. (a) Informant Wm. J. A. Cassinham  
 (b) Address Memphis Mo.

17. (a) burial (b) Date thereof 10-3-46  
 (Burial, cremation, or removal) (Month), (Day) (Year)

18. Place: burial or cremation Memphis Mo

19. (a) Signature of funeral director D W Payne  
 (b) Address Memphis Mo

19. (a) Oct 3 - 46 (b) State Lambert  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3  
 year 1946 hour 12:30 minute A. M.

21. I hereby certify that I attended the deceased from Sept 15  
Oct 3, 1946 to Oct 3, 1946  
 that I last saw him alive on Oct. 2, 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death: hypostatic pneumonia Duration 48 hrs  
 Due to lympho blastoma 18 mo.

Due to \_\_\_\_\_

Other conditions NONE  
 (Include pregnancy within 3 months of death)

Major findings: 55E  
 Of operations \_\_\_\_\_  
 Of autopsy lympho blastoma

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 Willie V. Cole (or other) WV  
 Address 901 S. Florence Kirksville Date signed 10-3-46

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

MOTHER FATHER

DEC 12 1946

JAN 22 1947

RECEIVED  
DEPT. OF HEALTH  
MEMPHIS  
OCT 14 1946  
O.M. No. 10  
10:46:1887

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 *M. Payne*

Licensed Embalmer No. 2196

P. O. Address. Memphis

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.



1947  
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