

S. No. 2  
M-5-43  
7-5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36835**

FILED OCT 20 1947

Registration District No. **337**

Primary Registration District No. **6202**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Texas

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

(c) Name of hospital or institution: No  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No  
(Specify whether in this community. years, months or days)

In this community 70 Years

2. USUAL RESIDENCE OF DECEASED:

State Missouri (b) County Texas **107**

(c) City or town Summersville, Mo  
(If outside city or town limits, write "RURAL") **0**

(d) Street No. Rural **6**  
(If rural, give location) **0**

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Adam J. Baskett

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6th  
year 1947 hour 10 minute 30 P.M.

4. Sex Male  5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Baskett

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Oct, 8th 1876  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 7, 1947 to Sept 6, 1947  
that I last saw him alive on Sept 6 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

70	10	24	hr. min.
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Immediate cause of death Bronchial Pneumonia

Due to Heart stroke

Due to Acute indigestion

9. Birthplace Texas County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

MOTHER FATHER { 12. Name John Baskett

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

14. Maiden name Sarah H. Baskett

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

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

Major findings: 108  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Mary Baskett

(b) Address Summersville Mo

17. (a) Burial (b) Date thereof Sept 10 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Summersville, MO

18. (a) Signature of funeral director Duncan Funeral home

(b) Address Mountain View, Mo

19. (a) 9-20 1947 (b) Mrs C E Murphy  
(Date received local registrar) (Registrar's signature)

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 2

23. Signature Dr. Lucius Humphreys M. D. or other Dr  
Address Summersville Mo Date signed Sept 16

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

7

0

RECEIVED

District Health Officer No. 5,

District File Number 1047581

Date Filed 10-17-47

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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 Joe B. Duncan

Licensed Embalmer No. 4325

P. O. Address Mtn. View, Pa

**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.