

S. No. 2
DM-5-43
v. 5-17-39
1 X36671

FILED FEB 7 1948

Registration District No. **21948** Primary Registration District No. **4403**

1. PLACE OF DEATH:

(a) County Barnstable
 (b) City or town Steele
 (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 _____ (Specify whether _____)
 In this community all of life years, months or days

3. (a) PRINT FULL NAME Helen Ann Baswell
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race cal 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Oct 5 1947
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 3 12 hr. min.

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

10. Usual occupation child

11. Industry or business _____

MOTHER FATHER

12. Name Adell Baswell
 13. Birthplace Tray Ala
 (City, town, or county) (State or foreign country)
 14. Maiden name Helen Pines
 15. Birthplace Van Vaheth Miss
 (City, town, or county) (State or foreign country)

16. (a) Informant Helen Baswell
 (b) Address Steele ms

17. (a) Burial (b) Date thereof 1-18-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holly Grove

18. (a) Signature of funeral director J. J. Sumner
 (b) Address Steele ms

19. (a) 1-2-48 (b) L. J. Williams
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Massachusetts (b) County Barnstable
 (c) City or town Steele
 (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 Jan day 17
 year 1948 hour 3 minute 30 P.M.

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

Immediate cause of death BRONCHOPNEUMONIA Duration 3 da.
 Due to _____
 Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy 107
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 E. L. Taylor (M. D. or other) ms
 Address Steele, ms Date signed 18 Jan 48

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

2-48-47

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.....

Not Embalmed....., 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.