

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>5761</u>		Registration No. <u>32</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Marion		b. CITY (If outside corporate limits, write RURAL and give town) Palmyra Rural		a. STATE Missouri		b. COUNTY Marion	
c. LENGTH OF STAY (In this place) Rural		c. CITY (If outside corporate limits, write RURAL and give township) Palmyra		d. STREET ADDRESS 8		e. TOWN Palmyra	
d. FULL NAME OF HOSPITAL OR INSTITUTION Maple Lawn Rest Home				d. STREET ADDRESS (If rural, give location) 8			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) Mary E. Baskett		b. (Middle)		c. (Last)		June 19, 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June Nov. 2, 1868	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 7	IF UNDER 2 HRS. Days 17	IF UNDER 15 MIN. Hours 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) XX		10b. KIND OF BUSINESS OR INDUSTRY XX		11. BIRTHPLACE (State or foreign country) Marion County Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Charles McWilliams		13b. MOTHER'S MAIDEN NAME Ellen Griffith		14. NAME OF HUSBAND OR WIFE Lemuel Baskett			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Martha Conaughy 1323 Lyon Hannibal Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, apoplexy, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senile Dementia ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 794X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:00 Pm. , from the causes and on the date stated above.							
23a. SIGNATURE Dr. C. M. Smith (Degree or title)				23b. ADDRESS Hannibal Mo		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/22/50		24c. NAME OF CEMETERY OR CREMATORY McWilliams		24d. LOCATION (City, town, or county) (State) Hannibal Marion Missouri	
DATE REC'D BY LOCAL REG. 6/22/50		REGISTRAR'S SIGNATURE By Viola Seed		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm M. Smith Hannibal Missouri			

RECEIVED JUN 24 1950

MARION CO. HEALTH DEPT.

DATE FILED JUN 24 1950

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John S. Ward

Licensed Embalmer No. 45 40

P. O. Address Hannibal Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.