

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39262

Do not use this space.

1. PLACE OF DEATH

(a) County Moniteau

Registration District No. 577

(b) Township Robert Grove

Primary Registration District No. 5775

(c) City 2

(d) Street No. 2 (If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred

yrs. mos. ds. (f) How long in U.S. of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Latham mo. 0 Rural St. 0

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Jessie Howard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

May 24 1878

7. AGE

YEARS

62

MONTHS

5

DAYS

17

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Moniteau County Mo.

FATHER

13. NAME

Adam Basinger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Alexander County OHIO

MOTHER

15. MAIDEN NAME

Anna Garber

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Wyne County OHIO

17. INFORMANT (ADDRESS)

Mrs. Jessie Basinger

18. BURIAL, CREMATION, OR REMOVAL

PLACE H. Land

DATE Nov 3

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

W. F. Kidwell Versailles Mo

20. FILED

Nov 2

1940 Madison Latham Latham Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Nov 1 1940

22. I HEREBY CERTIFY, That I attended deceased from

Oct 8 1940 to Nov 1 1940

I last saw him alive on Oct. 15 1940 Death is said

to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of liver

Date of onset

Oct

May 14

1940

Other contributory causes of importance:

46

Name of operation

none

Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) L. L. Latham M. D.

(Address) California mo

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 _____, 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, above space should be left blank.