

JAN 7 1942
Registration District No. **749**

Primary Registration District No. **3035**

Registrar's No. **109**

1. PLACE OF DEATH:

(a) County **Ray**
(b) City or town **Richmond Mo.**
(c) Name of hospital or institution: **None**
(d) Length of stay: In hospital or institution **since 1911**
In this community **since 1911**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Ray**
(c) City or town **Richmond Mo.**
(d) Street No. **407 West Main St.**
(e) Citizen of foreign country? **Yes**
If yes, name country **U.S.A.**

3. (a) PRINT FULL NAME **Charles F. Bassett**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mildred Bassett** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Dec. 23 - 1911**

8. AGE: Years **73** Months **11** Days **28** If less than one day _____ hr. _____ min.

9. Birthplace **Conn.** (City, town, or county) (State or foreign country)

10. Usual occupation **Mgr. News Paper**

11. Industry or business **News Paper**

12. Name **Dwight Bassett**
13. Birthplace **Conn.**
14. Maiden name **Adelaide Harris**
15. Birthplace **Conn.**

16. (a) Informant **Mrs Charles F. Bassett**

(b) Address **Richmond Mo.**

17. (a) **Burial removal** (b) Date thereof **12-23-41**
(c) Place: burial or cremation **Lathrop Mo.**

18. (a) Signature of funeral director **J. B. Harris**

(b) Address **Richmond Mo.**

19. (a) **Dec 22-41** (b) **M. O. Gallagher**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec**, day **20th**, year **1941**, hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **15th Dec** 19 **41** to **Dec 20** 19 **41**.
that I last saw him alive on **Dec 20th** 19 **41** and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Lobar pneumonia**

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) **108**

Major findings: Of operations _____

Of autopsy _____

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) (c) Means of injury _____

23. Signature **E. E. Gay** (M. D. or other) **MD.**
Address **Richmond Mo.** Date signed **12-22-41**

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

MOTHER FATHER

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

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DEC 31 1941

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.....

J.B. Brothers

....., Registered Apprentice No.....

working under my personal supervision.

Brothers Funeral Home .

Signed.....

J.B. Brothers

Licensed Embalmer No. **2001.**

Richmond Mo.

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.