

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

Do not use this space.

18858-A

1. PLACE OF DEATH

County Wagon
Township Osage
City New London (No.)

Registration District No. 594
Primary Registration District No. 5945

File No.
Registered No. 24
St. Ward

2. FULL NAME

(a) Residence No. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elta Bell</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jul 5th 1894</u>		
7. AGE <u>54</u>	YEARS <u>3</u>	MONTHS <u>25</u>
	DAY	If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Benton Co Mo
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Geo. Waisner</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Benton Co Mo</u>
	12. MAIDEN NAME OF MOTHER <u>Mother Shanelor</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Benton Co Mo</u>

14. INFORMANT Miss Elta Waisner
(Address) Carver Mo

15. FILED 19 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

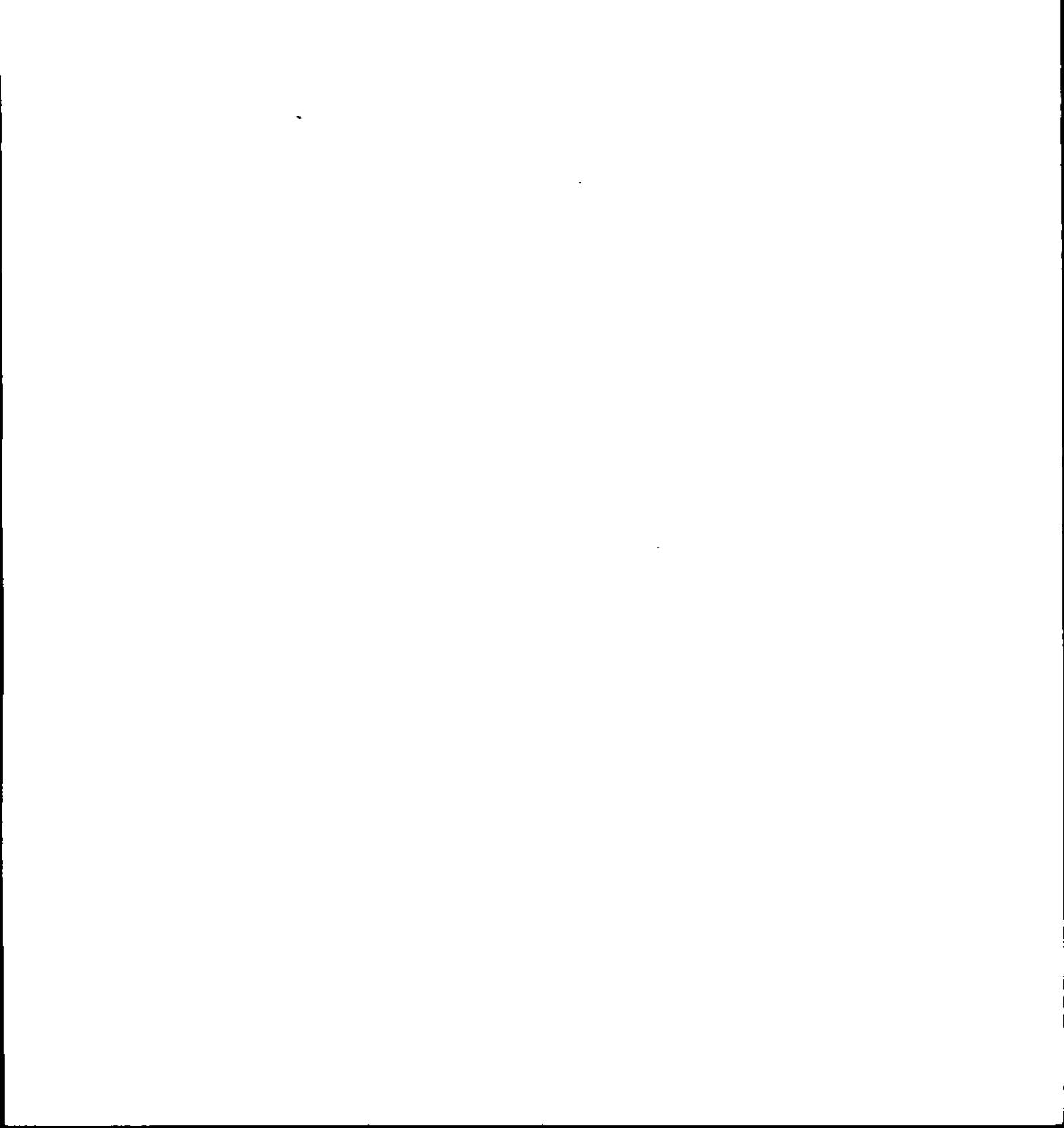
16. DATE OF DEATH (MONTH, DAY AND YEAR) May 30th 1924
17. I HEREBY CERTIFY, That I attended deceased from June 1st 1922 to May 30th 1924 that I last saw him alive on Apr 15th 1924, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of liver
465

CONTRIBUTORY (SECONDARY) 44-10
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Algebra
(Signed) A. J. Hummel
May 31/29 (Address) Versailles Mo
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Carver Cemetery</u>	DATE OF BURIAL <u>May 31st 1924</u>
20. UNDERTAKER <u>Hedwell's Versailles Mo</u>	ADDRESS



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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Morgan

Registration District No. 597

File No. 141

Township Osage

Primary Registration District No. 5775-

Registered No. 5924

City Jasper (No.) St. Ward

2. FULL NAME

Jasper Wassner

(a) Residence No. St. Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 5-1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
X 55 X 3 25-

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Co., Mo

10. NAME OF FATHER Geo Wassner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Benton Co, mo

12. MAIDEN NAME OF MOTHER Mary Chancellor

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Benton Co, mo

14. INFORMANT Mrs Ella Wassner (Address) Carver mo

15. FILED 3/5 1929 W H Hatcher REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 30 1929

17. I HEREBY CERTIFY that I attended deceased from June 1 1929 to May 30 1929 that I last saw him alive on April 13 1929, and that death occurred, on the date stated above, at 6 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac failure liver

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) A. J. Gunn, M. D.

31 1929 (Address) Versailles mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Carver Cemetery May 31 1929

20. UNDERTAKER ADDRESS

Nedwells Versailles mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
SUPPLEMENTARY

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