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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2766

Registration District No. 420 Primary Registration District No. 3022 Registrar's No. 12

FILED FEB 9 1940

1. PLACE OF DEATH

(a) County Jefferson
(b) City or town DeSoto Valle
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 825 No 4th 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
(Specify whether
In this community 3 years
years, months or days) 7 [illegible]

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jefferson
(c) City or town DeSoto
(If outside city or town limits write "RURAL")
(d) Street No. 825 No 4th St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME John Thomas Pashia
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 Widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased April (Month) 29 (Day) 1872 (Year)

8. AGE: Years	Months	Days	If less than one day
67	9	2	hr. min.

9. Birthplace Old Mines (City, town, or county) Mo (State or foreign country)
10. Usual occupation Miner
11. Industry or business —
12. Name Frank Pashia
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Leona Boyer
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mr Leslie Pashia
(b) Address 825 No. 4th St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb (Month) 3 (Day) 1940 (Year)
(c) Place: burial or cremation Old Mines Mo.
18. (a) Signature of funeral director Daniel J. Mohn
(b) Address DeSoto Mo.
19. (a) 2-5-40 (Date received local registrar) (b) Jeneva Donnell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31
year 1940 hour 4 minute 10 P.M.
21. I hereby certify that I attended the deceased from Feb. 1937, to Jan. 31, 1940
that I last saw him alive on Jan. 30, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death arteriosclerotic heart disease	unknown
Due to	
Due to	
Other conditions nephrosclerosis (Include pregnancy within 3 months of death)	unknown

Major findings:
Of operations —
Of autopsy —

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) no
(b) Date of occurrence —
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? — (e) Means of injury —

23. Signature Karl V. McKinstry (M. D. or other)
Address Edgar Bldg. DeSoto, Mo Date signed 2/1/40

(Licensed Embalmer's Statement on Reverse Side)

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 .....

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

working under my personal supervision.

Signed Daniel J. Mahn

Licensed Embalmer No. 3783

P. O. Address DeSoto Mo.

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.