

FILED FEB 7 1940

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

3351
Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. 668
(b) Township Cedar Primary Registration District No. 5894
(c) or City A (d) Street No. St.
(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., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 25D James T. Wasson

(a) Residence, No. Route 4, Sedalia, Mo. St. Mo.
(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 OR (OR) WIFE OF <u>Bessie Sprinkles Wasson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 23, 1874</u>		
7. AGE 65	YEARS 1	MONTHS 26
If LESS than 1 day, ... hrs. or min.		
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) <u>Pettis County Missouri</u>		
13. NAME <u>William F. Wasson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pettis County Missouri</u>		
15. MAIDEN NAME <u>Mary Jane Greer</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pettis County Missouri</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Bessie Sprinkles Wasson</u> <u>Route 4, Sedalia, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Herman</u> DATE <u>Jan. 21, 1940</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Pettis County, Mo.</u> <u>Duane Ewing</u> <u>Sedalia, Mo.</u>		
20. FILED <u>Jan 21</u> 1940 <u>Miss Harry Sneed</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 19, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1940 to Jan 19 1940
I last saw him alive on Jan 15 1940. Death is said to have occurred on the date stated above, at 3:21 p.m.
The principal cause of death and related causes of importance were as follows:
chronic myo. carosis
arteriosclerosis
stroke for 13 yrs. probably
glaucoma
Other contributory causes of importance:
arteriosclerosis
stroke for 13 yrs. probably
glaucoma
Name of operation none Date of none
What test confirmed diagnosis? Chemo Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury 1940
Where did injury occur? No (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury No
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify No
(Signed) Chas. H. H. H. M. D.
(Address) Sedalia, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED
District Health Officer No. 8,
District File Number
Filed *2/1/40*

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 *Quane Ewing*
Licensed Embalmer No. *3847*
P. O. Address *Sedalia, 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.