

No. 1-13-17-39 X23159

FILED MAY 19 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 15326

Registration District No. 609

Primary Registration District No. 5818

Registrar's No. 38

1. PLACE OF DEATH: NEWTON TWP  
 (a) County NEWTON  
 (b) City or town NEOSHO TWP RURAL  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: ROUTE 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community 45 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME JESSE VASSAR

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 Blanche Vassar 6. (c) Age of husband or wife if alive 60 years  
 7. Birth date of deceased DEC 27 1875  
 (Month) (Day) (Year)

8. AGE: Years 65 1/2 ✓ Months 3 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace CEDAR COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business RETIRED

12. Name LEVI VASSAR

13. Birthplace TENNESSEE  
(City, town, or county) (State or foreign country)

14. Maiden name MARGHRET BOGLE

15. Birthplace TENNESSEE  
(City, town, or county) (State or foreign country)

16. (a) Informant Wm Vassar  
(b) Address NEOSHO MISSOURI

17. (a) BURIAL (b) Date thereof APR 25 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation IOAFCEMETERY

18. (a) Signature of funeral director [Signature]  
(b) Address NEOSHO MISSOURI

19. (a) 4-27-41 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 75  
 (a) State MISSOURI (b) County NEWTON  
 (c) City or town NEOSHO TWP - RURAL  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. ROUTE 1  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23  
year 1941 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb 14  
1940 to April 22 1941;  
that I last saw him alive on April 10 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
(Right side) Duration \_\_\_\_\_

Due to Arteriosclerosis

Due to \_\_\_\_\_

Other conditions Chronic Interstitial Nephritis  
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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) \_\_\_\_\_

(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? 543

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature [Signature] or other [Signature]  
Address Neosho, Mo Date signed April 29-41

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

RECEIVED

District Health Officer No. 6,

District File Number 541-820

Date Filed MAY 16 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

Donald Reed

Registered Apprentice No. 202

working under my personal supervision.

Signed

J. B. [Signature]

Licensed Embalmer No. 2689

P.O. Address Woods [Signature]

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.