

1. PLACE OF DEATH:

(a) County... **Pettis**
(b) City or town...
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution...
(Specify whether)
In this community... **75 years**
(years, months or days)

3. (a) PRINT
FULL NAME

Mary E. Wasson.

3. (b) If veteran,
name war...

3. (c) Social Security
No.

4. Sex **F. /**

5. Color or
race

White

6. (a) Single, widowed, married,
divorced / **Married**

6. (b) Name of husband or wife...
Andrew J. Wasson

6. (c) Age of husband or wife if
alive... **80** years

7. Birth date of deceased... **April 14**
(Month)

1865
(Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

76

3

18

hr. min.

9. Birthplace.

Pettis Co Mo. U
(City, town, or county)

(State or foreign country)

10. Usual occupation

Widow

11. Industry or business

MOTHER FATHER
12. Name...
13. Birthplace...
14. Maiden name...
15. Birthplace...

Ezra Ramey

K.y. /
(City, town, or county)

(State or foreign country)

Etta Rumney

Dont Know 9
(City, town, or county)

(State or foreign country)

16. (a) Informant... **Hubert Wasson**

(b) Address... **Sedalia Mo. R. 1st**

17. (a) **Burial** (b) Date thereof... **7/3/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... **Sedalia Mo.**

18. (a) Signature of funeral director... **B.F. Parker**

(b) Address... **La Monte Mo.**

19. (a) **7/3/41** (b) **Mrs. Harry Sneed**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... **Mo** (b) County... **Pettis 80**
(c) City or town... **Rural 0**
(If outside city or town limits, write "RURAL")
(d) Street No...
(If rural, give location)
(e) Citizen of foreign country?...
(Yes or No)
If yes, name country...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July 8** day **3**
year **1941** hour **5 a.m.** minute **30 a.m.**

21. I hereby certify that I attended the deceased from...
7-3-41 to **7-3-41**
that I last saw him alive on...
and that death occurred on the date and hour stated above.

Immediate cause of death...

Senility

Duration

4 mo.

Due to...

Due to...

Other conditions...
(Include pregnancy within 3 months of death)

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) ...
(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) (e) Means of injury...

23. Signature... **H.E. Best** (M. D. or other)
Address... **Sedalia Mo.** Date signed... **7-3-41**

RECEIVED
District Health Officer No. 8,
District File Number
7-7-41
Date Filed

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

B. J. Parker

Licensed Embalmer No. *1574*

P. O. Address

St. Louis

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.