

41274

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

JAN 6 1942

Registration District No. 24

Primary Registration District No. 5133

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Audrain

(b) City or town (Rural) Laddonia, Mo.
(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 20 year
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain

(c) City or town Laddonia, Mo. (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. Laddonia, Mo. P.F.O.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME ALLIE-BELL-PASLEY

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife H. H. Pasley

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

7. Birth date of deceased March - 4 - 1896
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>55</u>	<u>9</u>	<u>8</u>	hr. _____ min. _____

9. Birthplace Unknown Virginia
(City, town, or county) (State of foreign country)

10. Usual occupation Housewife

11. Industry of business Home

MOTHER FATHER

12. Name James Edward Brown

13. Birthplace Unknown Virginia
(City, town, or county) (State of foreign country)

14. Maiden name Mary H. Mays

15. Birthplace Unknown Virginia
(City, town, or county) (State of foreign country)

16. (a) Informant's own signature James O. Pasley

(b) Address Laddonia, Mo.

17. (a) Burial (b) Date thereof Dec-14-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Cemetery

18. (a) Signature of funeral director Clyde C. Wilsey

(b) Address Laddonia, Mo.

19. (a) 12-12-41 (b) W. H. McCall
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December 12 day
year 1941 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from Dec 2, 1941, to Dec 11, 1941, and that death occurred on the date and hour stated above.

That I last saw her alive on Dec 11, 1941

Immediate cause of death acute Myocarditis Duration 2 day

Due to Measels 1 wk

Due to _____

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

Major findings: 35

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 W. H. McCall (M. D. or other) D.O.
Address Laddonia, Mo. Date signed 12-12-41

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

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.

Rev. 5-17-39
11 X1951

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 _____

Clydec Wilkey, Registered Apprentice No. _____
working under my personal supervision.

Signed Clydec Wilkey
Licensed Embalmer No. 3820
P. O. Address Perry, 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.