

3. No. 2  
4-13-40  
5-17-39  
P-I X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 42868

JAN 13 1942

Registration District No. 766

Primary Registration District No. 4461

Registrar's No. \_\_\_\_\_

73  
0  
0

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

1. PLACE OF DEATH:

(a) County St. Clair

(b) City or town Roscoe Tenn  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Osceola Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 1/2  
(Specify whether \_\_\_\_\_)

In this community all of life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair <sup>93</sup>

(c) City or town Roscoe <sup>0</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

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

3. (a) PRINT FULL NAME James Elbert Pasley

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6  
year 1941 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 1-41  
1941 to Oct 5 1941  
that I last saw him alive on Oct 5 1941  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Margaret Pasley 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased 6 (Month) 4 (Day) 1868 (Year)

Immediate cause of death Pneumonia  
Acquired  
Due to Ray showed some growth near sigmoid  
Due to Fluorid possible carcinoma

Duration several years

8. AGE: Years 73 Months 4 Days 2 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St Clair Mo (City, town, or county) (State or foreign country) 0

10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 730

Of autopsy no

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER {

11. Industry or business \_\_\_\_\_

12. Name B. F. Pasley

13. Birthplace Tennessee (City, town, or county) (State or foreign country) 1

14. Maiden name Sarah Street

15. Birthplace Tenn (City, town, or county) (State or foreign country) 1

16. (a) Informant Margaret Pasley

(b) Address Roscoe Mo

17. (a) Burial (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation Roscoe

18. (a) Signature of funeral director J. B. Goodrich

(b) Address Roscoe Mo

19. (a) Dec 18, 1941 (b) J. B. Goodrich (Registrar's signature)

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? \_\_\_\_\_ (c) Means of injury 0

23. Signature J. W. Richardson (M. D. or other) \_\_\_\_\_  
Address 4 1/2 Spruce Date signed \_\_\_\_\_

RECEIVED

District Health Officer No. 7,

District File Number 12-41-2133

Date Filed 1-7-42

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.....

*Jarred B. Goodrich*

Licensed Embalmer No. 3038

P. O. Address.....

*Roscoe 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, fact should be so stated above.