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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 15 19[illegible]

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15381

Registration District No. 766 Primary Registration District No. 6011 Registrar's No.

1. PLACE OF DEATH:

(a) County St. Clair
(b) City or town Rural Roscoe Twp
(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 38 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Clair 73
(c) City or town Rural Roscoe 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Cyrus Lloyd Wasson
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 11 (Month) 3 (Day) 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
72	5	18	hr. min.

9. Birthplace St. Louis (City, town, or county) 0 Mo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Robert Wasson
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Bacon
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Violet Wasson
(b) Address Roscoe Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-23-42 (Month) (Day) (Year)
(c) Place: burial or cremation Roscoe Cemetery
18. (a) Signature of funeral director Oseola F- Home
(b) Address Osceola Mo
19. (a) 4-25-42 (Date received local registrar) (b) F B Loadeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1942 hour 12 minute 30 P M.
21. I hereby certify that I attended the deceased from 4-15- 1942 to 19 ;
that I last saw him alive on 4-15 1942
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Heart Block - myocarditis	years
Hypertension -	"
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93d	

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature T. H. Douglas, Jr. (M. D. or other) M.D.
Address Osceola, Mo. Date signed 4-25-42

1100 (Licensed Embalmer's Statement on Reverse Side)

Lettie Wilson
age 65

RECEIVED
District Health Officer No. 7,
District File Number 5-42-522
Date Filed 5-13-42

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 Charles G. Hathaway
Licensed Embalmer No. 4267
P. O. Address Osceola, 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.