

Registration District No. **183**

Primary Registration District No. **H109**

Registrar's No. **12**

22
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County **Christian**
 (b) City or town **Nixa**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Nixa, Missouri
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **None**
 In this community **46 years**
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Christian**
 (c) City or town **Nixa**
 (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 _____

3. (a) PRINT FULL NAME **John Calvin Wasson**
 (b) If veteran, name war **None**
 (c) Social Security No. **Unknown**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **26**
 year **1947** hour **3** minute **40** P.M.

4. Sex **Male** **5. Color or race** **White**
6. (a) Single, widowed, married, divorced, Widowed
(b) Name of husband or wife **Ella Jane Wasson**
(c) Age of husband or wife if alive **Unknown** years
7. Birth date of deceased **January 18, 1859**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **April 1**
1947 to **July 26** **1947**
 that I last saw him alive on **July 26** and that death occurred on the date and hour stated above.

8. AGE: Years **83** Months **6** Days **8**
 If less than one day _____ hr. _____ min.

Immediate cause of death **Organic disease of heart** Duration **3 mo.**

9. Birthplace **Brown Springs, Missouri**
 (City, town, or county) (State or foreign country)

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death)
9502

10. Usual occupation **Farmer**

11. Industry or business **On Farm**

12. Name **John Thomas Wasson**
13. Birthplace **Unknown Ohio**
 (City, town, or county) (State or foreign country)

14. Maiden name **Caroline McCullian**
15. Birthplace **Unknown Tennessee**
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Paul E. Wasson**
(b) Address **Nixa, Missouri**
17. (a) Burial **(b) Date thereof July 28, 1947**
 (Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation **Nixa, Missouri**
18. (a) Signature of funeral director **Alma Lohmeyer Funeral Home**
(b) Address **Springfield, Missouri**

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

19. (a) July 28, 1947 **(b) Mary F. Spaw**
 (Date received local registrar) (Registrar's signature)

23. Signature **M. Wasson** (M. D. or other)
Address **Nixa Mo** **Date signed** **7/26/47**

RECEIVED

District Health Officer No. 6,

District File Number 842-1222

Date Filed AUG 12 1942

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.....

Licensed Embalmer No.....

P. O. Address.....

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.