

FILED OCT 8 1942

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
728 East 5th / Sedalia, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution lifetime
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Andrew Vernon Wasson

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Married
4. Sex Male 5. Color White 6. (b) Name of husband or wife Jessie May Wasson 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased July 17, 1888
(Month) (Day) (Year)

8. AGE: Years 54 Months 1 Days 29 If less than one day hr. min.

9. Birthplace Sedalia, Pettis County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business

MOTHER FATHER { 12. Name Andrew Jackson Wasson
13. Birthplace Longwood, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Rumsey
15. Birthplace Sedalia, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Jessie May Wasson (wife)
(b) Address 121 E. 16th, Sedalia, Mo.

17. (a) burial (b) Date thereof Sept. 15, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mr. Herman Cemetery

18. (a) Signature of funeral director Dwaine Ewing
(b) Address Sedalia, Mo.

19. (a) Sept. 14, 1942 (b) Mrs. Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 121 East 16th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13, year 1942 hour 4:10 minute P. M.

21. I hereby certify that I attended the deceased from May 10 to Sept 13 1942
that I last saw him alive on Sept 12 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Permissive anemia Duration 1 1/2 yrs.
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

1942 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) (c) Means of injury

23. Signature M. E. Bess M.D. (M. D. or other)
Address Sedalia, Mo. Date signed 9-14-42

RECEIVED

Health Officer No. 8,

District File Number _____

Date Filed 10-2-42

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 _____

Licensed Embalmer No. 387

P. O. Address Sedalia 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.