S. No. 2
I— 541
v. 5
PI X29484

60
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

37523

State File No.

FILED DEC 11 1942

Registration District No. 195

Primary Registration District No. 5715

Registrar's No.

1. PLACE OF DEATH:

(a) County McDonald

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

(c) Name of hospital or institution: ✓ 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County McDonald 60 0 0

(c) City or town Route 1
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓ 0

3. (a) PRINT FULL NAME John Pasley

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Widowed 2

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

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

7. Birth date of deceased (Month) July 5 (Day) 1866 (Year)

8. AGE: Years 76 Months 4 Days 8 If less than one day ___ hr. ___ min.

9. Birthplace Cincinnati Ark 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Grain + stock

FATHER
12. Name Tom Pasley
13. Birthplace Washington Co. Ark 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Herritt Hailey
15. Birthplace Washington Co Ark 1
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Pasley
(b) Address Jane MO R1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/15-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Jane Cemetary

18. (a) Signature of funeral director Ralph Miller
(b) Address Pea Ridge Ark

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 13 year 1942 hour 9:05 minute a M.

21. I hereby certify that I attended the deceased from Oct 1 42 Nov 13, 1942 to ___, 19__; that I last saw her alive on 11 11, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Hypostatic Pneumonia

Due to

Other conditions Broken Thigh ✓
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) ✓ 060

(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 Joe O Greene 0 (M. D. or other)

Address Pea Ridge Date signed 11-14-42

1203

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1242-1702
Date Filed DEC 8 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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

U. S. No. 2B
(OM -6-21-41
-1 3-29-41

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37523

Registration District No. 195 Primary Registration District No. 5715 Registrar's No.

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

1. PLACE OF DEATH:
(a) County: Mc Donald
(b) City or town: White Rock Rural
(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 years, months or days)
In this community: Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Mc Donald
(c) City or town: Route 1
(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 P Easley
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife: Maggie Easley
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: July (Month) 5 (Day) 1866 (Year)

8. AGE: Years 76 Months 4 Days If less than one day hr. min.

9. Birthplace: Cumberland (City, town, or county) Ark. (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: Grain & Stock
MOTHER FATHER
12. Name: Tom Easley
13. Birthplace: Washington Co. Ark. (City, town, or county) (State or foreign country)
14. Maiden name: Jerrett Hailey
15. Birthplace: Washington Co. Ark (City, town, or county) (State or foreign country)
16. (a) Informant: Albert P Easley
(b) Address: Jane Mo. R.F.D.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-15-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Jane Cemetary
18. (a) Signature of funeral director: Ralph Miller
(b) Address: Pea Ridge Ark.
19. (a) Dec. 24. 1942 (Date received local registrar) (b) Ona Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Day Year 1942 Hour Minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic Pneumonia — Duration
Due to:
Due to:
Other conditions: Broken Thigh
(Include pregnancy within 3 months of death)
Major findings: Pt Patient fell
Of operations: home. 13 years ago.
Of autopsy: 1860

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 Sept 22. 1941.
(c) Where did injury occur? Rural. Mc Donald Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
(Specify type of place)
While at work? no. (e) Means of injury Fall.

23. Signature (M. D. or other) M.D.
Address Date signed

SUPPLEMENTARY