

FILED APR 21 1943

Registration District No. **72**

Primary Registration District No. **5292**

Registrar's No. **21**

24
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County: **Clay**

(b) City or town: **Southville, Mo. R.F.D.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Home Pict. Co.**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: **2 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME: **William J. Lassley**

3. (b) If veteran, name war: **No.**

3. (c) Social Security No.:

4. Sex: **male**

5. Color or race: **white**

6. (a) Single, widowed, married, divorced: **widowed**

6. (b) Name of husband or wife: **unknown**

6. (c) Age of husband or wife if alive: **unknown** years

7. Birth date of deceased: **unknown**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
About 80			hr. min.

9. Birthplace: **Dyerswater, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Day Laborer**

11. Industry or business: **Concrete work**

MOTHER FATHER

12. Name: **unknown**

13. Birthplace: **unknown**
(City, town, or county) (State or foreign country)

14. Maiden name: **unknown**

15. Birthplace: **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Mary R. Pratt**

(b) Address: **Southville, Mo., R.F.D.**

17. (a) **Burial** (Burial, cremation or removal) (b) Date thereof: **3-15-43**
(Month) (Day) (Year)

(c) Place: burial or cremation: **County Home, Mo.**

18. (a) Signature of funeral director: **McCombs Funeral Home**

(b) Address: **Southville, Mo.**

19. (a) **Mar 19-1943** (Date received local registrar) (b) **Rich N. Henry** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Mo.** (b) County: **Clay**

(c) City or town: **Southville, Mo. R.F.D.**
(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: **No.**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar.** day **14**
year **1943** hour **2:30** minute **0** M.

21. I hereby certify that I attended the deceased from **Mar 14** to **Mar 14**, 19**43**, that I last saw **Coroner** on **Mar 14**, 19**43**, and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary Thrombosis** Duration

Due to: **Coroner**

Due to: **Coroner**

Other conditions: (Include pregnancy within 3 months of death)

Major findings: **Coroner 94a**

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): **Coronary Thrombosis**

(b) Date of occurrence: **3-14-1943**

(c) Where did injury occur?: **2 1/2 mi. So. Southville Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on farm

While at work? (Specify type of place)

(e) Means of injury: **Coroner**

23. Signature: **P. W. Gracher** (M. D. or other)

Address: **Urbana Springs Mo.** Date signed: **3-15-43**

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-20-43

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 S. A. McComas
Licensed Embalmer No. 2303
P. O. Address Smithville, 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.