

No. 2  
M-2-43  
5-17-39  
1 X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31329

State File No. \_\_\_\_\_

FILED OCT 6 1943  
Registration District No. 19437

Primary Registration District No. 3008

Registrar's No. 3137

1. PLACE OF DEATH  
 (a) County Callaway  
 (b) City or town Fulton  
 (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 \_\_\_\_\_)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Callaway  
 (c) City or town Fulton  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 401 24 9th (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James Pasley  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Sept day 24 year 43 hour 12 minute 10 A M.  
 21. I hereby certify that I attended the deceased from July 1943 to SEPT 11 1943  
 that I last saw him alive on SEPT 11 1943  
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Negro  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Emma  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

Immediate cause of death: Exhaustion  
Chronic Pulmonary T. B.  
 Due to Chronic Alcoholic Neuritis  
Chronic Pulmonary T. B.  
 Due to Chronic Pulmonary T. B.  
Intestinal T. B.

7. Birth date of deceased Aug 11 - 1885  
 (Month) (Day) (Year)  
 8. AGE: Years 58 Months 8 Days 11  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Virginia  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Laborer  
 11. Industry or business \_\_\_\_\_  
 12. Name Benjamin Pasley  
 13. Birthplace Virginia  
 (City, town, or county) (State or foreign country)  
 14. Maiden name A.K.  
 15. Birthplace OK 9  
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy 13 ft!

16. (a) Informant Mrs. Jennie Henderson  
 (b) Address 833 Westminister Fulton Mo  
 17. (a) Burial, cremation, or removal Burial  
 (b) Date thereof Sept 28 - 43  
 (City or town) (County) (State) (Month) (Day) (Year)  
 (c) Name of funeral home Whetstone Cem. Callaway Co. Mo  
 18. (a) Signature of funeral director E. J. Bell  
 (b) Address Fulton, Mo  
 19. (a) Sept 28 1943 (b) Joan Morsink  
 (Date received local registrar) (Registrar's signature)

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?  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature M. A. Ruckelshaus (M. D. or other) \_\_\_\_\_  
 Address 29 A Court Fulton Mo Date signed Sept 27 1943

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

MOTHER FATHER

**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.....

*Eli Bell*

Licensed Embalmer No. *2130*

P. O. Address.....

*Fulton, 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.**