S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 8 1944
Registration District No. 294

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3052

State File No. 7980

Registrar's No. 78

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: Bothwell Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days
In this community life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 80
(a) State Mo. (b) County Pettis
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Hughesville Route 1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Christopher Wasson

3. (b) If veteran, name war

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 Kamelia Wasson

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

7. Birth date of deceased Oct. 5 1864
(Month) (Day) (Year)

8. AGE: Years 79 | Months 4 | Days 3 | If less than one day hr. min.

9. Birthplace Pettis Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Farmer

FATHER
12. Name Thomas Wasson
13. Birthplace Pettis Co. Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Reagan
15. Birthplace Pettis Co. Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Edward M Wasson
(b) Address Hughesville Route 1

17. (a) burial (b) Date thereof Feb. 9 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Herman

18. (a) Signature of funeral director McLaughlin Bros.
(b) Address Sedalia Mo.

19. (a) 2-8-44 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8
year 1944 hour 3 minute a M.

21. I hereby certify that I attended the deceased from Jan 15 1944 to Feb 8 1944
that I last saw h. alive on Feb 7 1944
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Cerebral Hemorrhage Apoplexy — 3 wks.
Due to Arterio Sclerosis
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
(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 W. E. Beckmann (M. D. or other) 2440
Address Sedalia Mo. Date signed 2-8-44

1022 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 3-1-44

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 Robert H Reed

Licensed Embalmer No. 3145

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.