

S. No. 2
 DM-9-13
 5-17-39
 PI X37823

31299

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 11 1944

Registration District No. 187

Primary Registration District No. 5697

Registrar's No. 113

1. PLACE OF DEATH: Livingston
 (a) County Livingston
 (b) City or town Lehliccoth R. 1st & 2nd Twp
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: R. 3 D - No 4
 (If not in hospital or institution, write street number or location) 1
 (d) Length of stay: In hospital or institution. 40 yrs
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Livingston
 (c) City or town Lehliccoth Mo. Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. R 3 D - No 4
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME William W. Wasson
 3. (b) If veteran, name war _____ 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept day 12th
 year 1944 hour Eight minute 15 P.M.
 21. I hereby certify that I attended the deceased from May 1944 to 9-18-44
 that I last saw him alive on 9-18-44
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Rose W. Wasson 6. (c) Age of husband or wife if alive 66 years
 7. Birth date of deceased July - 10 - 1871
 (Month) (Day) (Year)

Immediate cause of death Cerebral Thrombosis
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) gfa

8. AGE: Years 73 Months 2 Days 8
 If less than one day _____ hr. _____ min.

9. Birthplace Germany - Mo. in
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer Ret

11. Industry or business _____
 12. Name William W. Wasson
 13. Birthplace Indiana
 (City, town, or county) (State or foreign country)
 14. Maiden name Olga Betty
 15. Birthplace Indiana
 (City, town, or county) (State or foreign country)

Major findings: Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Rose W. Wasson
 (b) Address Lehliccoth Mo
 17. (a) Burial (b) Date there Sept 21 - 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Edgewood Cem

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? ✓

18. (a) Signature of funeral director James D. Jordan 1870
 (b) Address Lehliccoth Mo
 19. (a) Sept 20 (b) Louella Corry
 (Date received local registrar) (Registrar's signature)

While at work? ✓ (Specify type of place) (c) Means of injury ✓
 23. Signature Regina Honey (M. D. or other) 1944
 Address Lehliccoth Mo Date signed 9-19-44

LL 5 X

(Licensed Embalmer's Statement on Reverse Side)

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

5900

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 James D. Gordon
Licensed Embalmer No. 1870
P. O. Address Phillips 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.