S. No. 2
M—2-43
5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34716

Registration District No. FILED NOV 18 1944 Primary Registration District No. 5721 4311 Registrar's No. 13

1. PLACE OF DEATH:
(a) County Macon
(b) City or town Callao
(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
In this community ✓
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Macon 61
(c) City or town Callao 0
(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 — 0

3. (a) PRINT FULL NAME James B. Vass
3. (b) If veteran, name war ✓
3. (c) Social Security No. —
4. Sex Male 0
5. Color or race wh
6. (a) Single, widowed, married, divorced widowed 2
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased 10 (Month) 21 (Day) 1857 (Year)

8. AGE:	Years	Months	Days	If less than one day
	86	11	23	hr. min.

9. Birthplace (City, town, or county) 0 Missouri (State or foreign country)
10. Usual occupation Retired farmer
11. Industry or business ✓
FATHER
12. Name Robert Vass
13. Birthplace (City, town, or county) So. Carolina (State or foreign country)
MOTHER
14. Maiden name Elizabeth Andrews
15. Birthplace (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Cora Franklin
(b) Address Huntsville, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-17-44 (Month) (Day) (Year)
(c) Place: burial or cremation Hebron Cemetery
18. (a) Signature of funeral director H. G. Edwards
(b) Address Bevier, Mo
19. (a) Oct 18, 1944 (Date received local registrar) (b) W. F. Allen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 14 year 1944 hour 8 minute P M.
21. I hereby certify that I attended the deceased from — 19 to — 19; that I last saw h alive on — 19; and that death occurred on the date and hour stated above.

Immediate cause of death Self inflicted wound by pistol shot in right temple.
Due to Immediate death
Due to ✓ 164C
Other conditions
(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) Suicide
(b) Date of occurrence 10-14-44
(c) Where did injury occur? Callao (City or town) Macon (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home (Specify type of place)
While at work? no (e) Means of injury pistol shot
23. Signature H. G. Edwards, Coroner (M. D. or other)
Address Bevier, Mo Date signed 10-15-44

1043

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1[illegible]-44-1220
Date Filed NOV 3 1944

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 J. G. Edwards

Licensed Embalmer No. 1961

P. O. Address Bevier 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.