

DEPARTMENT OF COMMERCE
BUREAU OF TRADE MARKS

FILED NOV 14 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

File No. 35086

Registration District No. 292

Primary Registration District No. 6000

Registrar's No.

1. PLACE OF DEATH:

(a) County Ralls
(b) City or town Center, RFD
(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 Life
years, months or days

3. (a) PRINT FULL NAME Ada I. Wasson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Amos Wasson 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 3 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 10 11 hr. min.

9. Birthplace Ralls CO Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name John C. McGrew

13. Birthplace Ky
(City, town, or county) (State or foreign country)

14. Maiden name Neal
(City, town, or county) (State or foreign country)

15. Birthplace Va
(City, town, or county) (State or foreign country)

16. (a) Informant Amos Wasson

(b) Address Perry, Mo

17. (a) Burial (b) Date thereof Oct 16 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem Cemetery

18. (a) Signature of funeral director G. R. Rulise

(b) Address Center, Mo

19. (a) Oct 26-44 (b) Mrs. Earl Parkinson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ralls
(c) City or town Center, RFD
(If outside city or town limits, write "RURAL")
(d) Street No. Jasper Township
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14
year 1944 hour 12 minute 45p M.

21. I hereby certify that I attended the deceased from Oct. 14
19 44 to Oct. 14 19 44
that I last saw her alive on Oct. 14 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
acute

Due to Nephritis chronic I yr

Due to Sugar diabetes 5 yrs

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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 C. H. Brooks (M. D. or other) P.O.

Address Center, Mo. Date signed 10-24-44

1138 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 11-44-1907

Date Filed NOV 10 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

John R. [Signature]

Licensed Embalmer No.

4263

P. O. Address

Center St

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.