

S. No. 2
M-9-4-41
ev. 5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 16 1945
Registration District No. 87

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16616

State File No.

Primary Registration District No. 5273

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Christian

(b) City or town rural - Parter, Ia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 55 yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian, Ia

(c) City or town rural
(If outside city or town limits, write "RURAL")

(d) Street No. Nixa - Route # 1.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs. Mary Emma Wasson

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife James A. Wasson 6. (c) Age of husband or wife if alive 89 years

7. Birth date of deceased Feb. 27 - 1862
(Month) (Day) (Year)

8. AGE: Years 83 Months 1 Days 21 If less than one day hr. min.

9. Birthplace Indian Territory 1
(City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business

12. Name Theodore Jones

13. Birthplace unknown 4
(City, town, or county) (State or foreign country)

14. Maiden name Mrs. Mary Hayes 4

15. Birthplace unknown 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emil Grange

(b) Address Nixa - Mo.

17. (a) burial (b) Date thereof April 20 - 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Glenn Cem.

18. (a) Signature of funeral director J. W. Maples

(b) Address Clever, Mo.

19. (a) 4-20-45 (b) Edna B. Wood, Deputy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18th
year 1945 hour 12 minute 10 P.M.

21. I hereby certify that I attended the deceased from March 14
1945 to Apr. 18 1945
that I last saw her alive on Apr 18 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Organic heart disease Duration 102 mos

Due to Pericarditis, Col. br., with which she was attacked March 18 and ran a course of 8 da

Other conditions came in left ear 10 yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations X

Of autopsy X 52

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) 1

(b) Date of occurrence 1

(c) Where did injury occur? 1
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)
While at work 1 (e) Means of injury 1

23. Signature M. E. Wasson (M. D. or other)
Address 211 N. 1st St. Date signed 4/19/45

1249m.s. (Licensed Embalmer's Statement on Reverse Side)

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

22
8

RECEIVED

District Health Officer No. 6,

District File Number 545-573

Date Filed MAY 11 1945

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.....

Licensed Embalmer No.....

P. O. Address.....

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.