S. No. 2
M—8-43
. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 18 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33570

Registration District No. 71 Primary Registration District No. 5287 Registrar's No. 114

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Rural-4 Miles Se of Excelsior
(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 ###N (Specify whether years, months or days)
In this community 76 year

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ray
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 6 Miles SO. East of Excelsior
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ######

3. (a) PRINT FULL NAME LOUIS VASSMER
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ##############
6. (c) Age of husband or wife if alive ### years
7. Birth date of deceased April (Month) 3 (Day) 1869 (Year)

8. AGE: Years 76 Months 5 Days 14 If less than one day ____ hr. ____ min.

9. Birthplace Ray Co (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
MOTHER FATHER
12. Name Henry O. Vassmer
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Martha A? Siegel
15. Birthplace Tenn (City, town, or county) (State or foreign country)
16. (a) Informant John Vassmer
(b) Address Excelsior Springs Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9- 19-45 (Month) (Day) (Year)
(c) Place: burial or cremation Emmon Cemetery
18. (a) Signature of funeral director Herbert Hope
(b) Address Excelsior Springs Missouri
19. (a) 9-18-45 (Date received local registrar) (b) Caroline Hutchins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17th year 1945 hour 3:30 minute P. M.
21. I hereby certify that I attended the deceased from 5-13, 1945 to 9-17, 1945 that I last saw him alive on 9-8-1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Renal disease — Duration
Due to
Due to
Other conditions Senility
(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 J. E. Baird (M. D. or other)
Address Excelsior Springs Mo Date signed 9-19-45

1419 (Licensed Embalmer's Statement on Reverse Side)

Date Filed 10-17-47

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 Jas A Moles

Licensed Embalmer No. 3296

P. O. Address Excelsior Springs 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.