

V. S. No. 2
00M-5-43
Rev. 5-17-39
I X36671

UNITED STATES BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39951

State File No. _____

FILED JAN 13 1947

Primary Registration District No. 5271

Registrar's No. 2

1. PLACE OF DEATH

(a) County Christian

(b) City or town rural Nixa, Mo. R.I. Logan

(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)

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

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Christian 22

(c) City or town rural Nixa, Mo. R.I.
(If outside city or town limits, write "RURAL")

(d) Street No. Route, Nixa, Mo.
(If rural, give location)

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

3. (a) PRINT FULL NAME James Alexander Wasson

3. (b) If veteran, name war X 3. (c) Social Security No. none

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May, 27th, 1856
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9th
year 1946 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov. 27
1946 and that death occurred on the date and hour stated above.
that I last saw him alive on Dec. 8, 1946

Immediate cause of death Rectal carcinoma Duration 5 yrs

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 90 Months 6 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Stone Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John T. Wasson

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

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

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

16. (a) Informant _____ (b) Address _____

17. (a) burial (b) Date thereof Dec. 11, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Glenn cemetery

18. (a) Signature of funeral director T.W. Maples
(b) Address Clever, Mo

19. (a) Dec. 10, 1946 (b) Aline Drier
(Date received local registrar) (Registrar's signature)

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations! 460

Of autopsy _____

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 0

23. Signature H.A. Hanson (M. D. or other) _____
Address Here Mo Date signed 12/19/46

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

38765

RECEIVED

District Health Officer No. 6;

District File Number 147-82

Date Filed JAN 8 1947

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. W. Maples

Licensed Embalmer No. 2985

P. O. Address Cleves, 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.