

FILED AUG 5 1947

Registration District No. 277

Primary Registration District No. 5935

Registrar's No. 230

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

1. PLACE OF DEATH: Pettis

(a) County..... Pettis

(b) City or town..... Sedalia (rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether in this community..... lifetime in Pettis County
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... Pettis

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

(d) Street No..... Route 4
(If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Bessie R. 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 Widow 2

6. (b) Name of husband or wife..... James T. Wasson

6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased..... May 11, 1885
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1947 hour 10:00 minute A. M.

21. I hereby certify that I attended the deceased from Over two
months..... 19..... to June 24th, 1947
that I last saw h..... or alive on one week ago. 19.....
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>1</u>	<u>13</u> hr. min.

Immediate cause of death.....

Coronary Embolism. Few Min-
Hypertensive Heart Disease ? utes.

Due to..... Hypertension. ?

Other conditions..... Arterio-Sclerosis ?
(Include pregnancy within 3 months of death)

9. Birthplace..... Pettis County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation..... Housewife

PHYSICIAN.....

Major findings:.....

Of operations..... None.

Of autopsy..... None. Coroner notified

Underline the cause to which death should be charged statistically.

11. Industry or business.....

MOTHER FATHER { 12. Name..... Charles J. Raus

{ 13. Birthplace..... Lebanon, Missouri
(City, town, or county) (State or foreign country)

{ 14. Maiden name..... Lucy Ann Rodgers

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

16. (a) Informant..... Mrs. Charles Bybee (dau.)

(b) Address..... Route 4, Sedalia, Mo.

17. (a) Burial (b) Date thereof..... 6/26/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... St. Herman Cemetery

18. (a) Signature of funeral director..... Drane Ewing

(b) Address..... Sedalia, Mo.

19. (a) 6/25/47 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify)..... No.

(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?
See other side

While at work?..... John Carlisle M.D.

23. Signature..... John B. Carlisle, M.D. (M. D. or other) M. D.
Address..... Sedalia, Mo. Date signed..... June 25th, 1947.

Dr. Carlisle

I did not see this lady at the time of her death. Dr. J.W. Boger was called to see her and she was dead when he arrived. It is my belief that the cause of death was Coronary Embolism.

Jno. B. Carlisle, M.D.
Jno. B. Carlisle M.D.
June 25th, 1947.

RECEIVED

District Health Officer No. 8

District File Number

Date Filed

8-4-47

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

Duane Ewing

Licensed Embalmer No.

3847

P. O. Address

Sedalia 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.