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

FILED DEC 7 1948

State File No.

Registration District No. 39

Primary Registration District No. 5221

Registrar's No. 209

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Wayton, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wayton Methodist
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Mary Alta Aslapp

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased May 4 1885
(Month) (Day) (Year)

8. AGE: Years 63 Months 6 Days 21 If less than one day hr. min.

9. Birthplace Wayton, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name John Monroe Crabtree
13. Birthplace Not Known
(City, town, or county) (State or foreign country)
14. Maiden name Martha Jane Mayfield
15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant Louise Aslapp
(b) Address Wayton, City, Mo.
17. (a) Burial (b) Date thereof 11-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wayton, Mo.

18. (a) Signature of funeral director Antonia Bros
(b) Address Wayton, City, Mo.
19. (a) Nov. 30, 1948 (b) Linda J. Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass
(c) City or town Wayton, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. Wayton Methodist
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25 year 1948 3:00 3 minute A.M.
21. I hereby certify that I attended the deceased from dead Nov. 25, 1948 to found 1948
that I last saw him alive on Nov. 25, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death

CORONARY THROMBOSIS

Due to

ARTERIO SCLEROTIC HEART DIS

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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) (c) Means of injury

23. Signature O. H. Hargen (M. D. or other) MD
Address Warrenville, Mo. Date signed 11/27/48

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

Bill J. Dickey, Registered Apprentice No. 254
working under my personal supervision.

Signed

Floyd Atkinson

Licensed Embalmer No. 3920

P. O. Address Harrisouville

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.