REC'D JUN 8 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17850
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson 2 Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002 Registered No. 2252
(c) or City K.C. Mo. (d) Street No. 3430 Morrell St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 250 Miss Lucy M. Wasson
(a) Residence, No. 3430 Morrell St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27, 1866
7. AGE: YEARS 72 MONTHS 11 DAYS 3 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER
13. NAME James R. Wasson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Julia Ellis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs. Bulah Tyson 3430 Morrell
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE June 1, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) John W. Wagner Kansas City, Mo.
20. FILED May 31, 1939 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 1939
22. I HEREBY CERTIFY, That I attended deceased from June 19, 1938 to May 30, 1939
I last saw her alive on May 29, 1939. Death is said to have occurred on the date stated above, at 7:00 am
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage c̄ paralysis	June 1938
820	
Other contributory causes of importance:	
Hypertension	1935

Name of operation ..... Date of .....
What test confirmed diagnosis? paralysis Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) Dean S Pusing, M.D.
(Address) 1107 Bryant Bldg

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X16605

Dr. D. S. Rising

Bryant Bg.
1104 Grand
VI 0848
2:30 to 5

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 compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.