

SEP 14 1939

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

28891
Do not use this space.

1. PLACE OF DEATH

(a) County CLAY Registration District No. 261
 (b) Township LIBERTY Primary Registration District No. 520 Registered No. _____
 (c) City LIBERTY (d) Street No. 3012 St. _____
 (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 JAMES D. WASON

(a) Residence, No. LIBERTY MO. 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 MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWER
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF BETTIE WASON
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3 - 18 - 1851
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 5 9

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) CLAY CO. MO.

FATHER 13. NAME JAMES WASON
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KY.

MOTHER 15. MAIDEN NAME ANN YOUNG
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KY.

17. INFORMANT (ADDRESS) BETTIE WASON
LIBERTY MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE LIBERTY MO. DATE 8-29-39 19.

19. FUNERAL DIRECTOR (ADDRESS) HESSEL - GARDER
LIBERTY MO.

20. FILED 8-29-39 19. W. H. Stefan Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-27-39 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1939 to Aug 27 1939
 I last saw him alive on Aug 27 1939 Death is said to have occurred on the date stated above, at 3:00 P. m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis
Arteriosclerosis
 Date of onset 8/25/39

Other contributory causes of importance: Senility

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) W. H. Stefan M. D.
Liberty, Mo (Address) _____

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.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

_____ Licensed Embalmer No. _____

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.)