

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

29672
Do not use this space.

Registered No. 248

REC'D SEP 19 1939

1. PLACE OF DEATH

(a) County Mason Registration District No. 547
(b) Township Mason Primary Registration District No. 3029
(c) City Hannibal (d) Street No. Levering Hqs 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 Lottie I. Wasson

(a) Residence, No. Hull, Illinois 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joe Wasson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April, 19, 1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 4 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as saw mill, bank, etc. farmer
10. Date deceased last worked at this occupation (month and year) July 1939 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago Illinois

FATHER 13. NAME Merritt Sprague

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hull Ill.

MOTHER 15. MAIDEN NAME Florence Colvin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hinderhook Illinois

17. INFORMANT (ADDRESS) Joe Wasson Hull, Illinois

18. BURIAL, CREMATION, OR REMOVAL PLACE Hinderhook Ill. DATE Aug 26, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred J. Hufnagel Barry Illinois

20. FILED Aug 26, 1939 W. C. Fisher Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1939 to Aug 24, 1939
I last saw her alive on Aug 24, 1939. Death is said to have occurred on the date stated above, at 1:08 a. m.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris
over
Other contributory causes of importance: None

Name of operation Aplomb Date of operation 6/19/39
What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
If so, specify None
(Signed) John P. Richmond M. D.
W. C. Fisher

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.

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5

M.M.D. - Physician is deceased -
M.S.

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

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