

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

39017
Do not use this space.

DEC 11 1939

1. PLACE OF DEATH
 (a) County BACHANAN Registration District No. 85
 (b) Township MO-NETH-HOSP. Primary Registration District No. 1000 Registered No. 1139
 (c) City ST. JOSEPH (d) Street No. MO-NETH-HOSP. 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 10 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yr. mos. ds.

2. PRINT FULL NAME GAYLORD - D - WASSON
 (a) Residence, No. 2534 8010 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 whp 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1 1899

7. AGE YEARS 40 MONTHS 6 DAYS 5 If LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Truck Driver
 9. Industry or business in which work was done, as saw mill, bank, etc. Driver
 10. Date deceased last worked at this occupation (month and year) Nov. 4 1939 11. Total time (years) spent in this occupation 2 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Horton Kansas

FATHER
 13. NAME John Wasson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER
 15. MAIDEN NAME Martha Hopkins
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mrs. Dora Wasson St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memo Park DATE Nov 8 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ray Stamey St. Joseph Mo.

20. FILED Nov. 7 1939 N. J. Neale Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 6 1939

22. I HEREBY CERTIFY, That I attended deceased from 11:15 AM Nov 6 1939, to Nov 6 1939. I last saw him alive on Nov 5 1939. Death is said to have occurred on the date stated above, at 11:50 am. The principal cause of death and related causes of importance were as follows:
Perforation Duodenal ulcer, General Peritonitis, Appendicitis Chronic

Other contributory causes of importance: 117 lb

Name of operation None Date of —
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No 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) R. J. Stamey M. D.
 (Address) 2624 St. Joseph Ave

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
 MARGIN RESERVED FOR BINDING
 K. 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.
 80M-9-15-38 I X16605

APR 27 1949

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.....

John H. Hurley....., Registered Apprentice No.....
working under my personal supervision.

Signed *John H. Hurley*.....
Licensed Embalmer No. *4050*.....

P. O. Address *2335 St Joseph St*.....

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.