

FILED APR 9 1942
Registration District No. 225

Primary Registration District No. 5451

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

39
0
0

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Rural - COSS TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Willard, Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Greene 039
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. COSS TOWNSHIP
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1942 hour 4 minute 10 A.M.

21. I hereby certify that I attended the deceased from March 22 - 1942 to March 25 - 1942
that I last saw him alive on March 22 - 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pancreatitis Duration 4 day

Due to _____
Due to _____
Other conditions arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations 128
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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) (e) Means of injury _____
23. Signature N. J. [unclear] (M. D. or other) _____
Address MOORESVILLE, MO Date signed 3-27-42

3. (a) PRINT FULL NAME James Melvin Wasner

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Nancy Jane Coble 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 16 1849
(Month) (Day) (Year)

8. AGE: Years 92 Months 5 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Andrew Wasner

13. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Leather

15. Birthplace North Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Wasner

(b) Address Willard Mo

17. (a) Burial (b) Date thereof 3-26-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hickory Grove Cemetery

18. (a) Signature of funeral director Samuel [unclear]

(b) Address Walnut Grove Mo
19. (a) 3-25-42 (b) Nelson P. Murray
(Date received local registrar) (Registrar's signature)

19. (c) _____ (Licensed Embalmer's Statement on Reverse Side)

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..... *J. A. Birch*
Licensed Embalmer No. *3856*
P. O. Address *44th Grove Mo.*

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.