

FILED JUN 12 1943  
Registration District No. 479

Primary Registration District No. 3008

Registrar's No. 146

4  
1  
2

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

1. PLACE OF DEATH:

(a) County. Callaway

(b) City or town. Fulton, Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No. 12  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 1 m 20 d  
(Specify whether)

In this community. yes  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo (b) County. Callaway

(c) City or town. Fulton  
(If outside city or town limits, write "RURAL")

(d) Street No. 1  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 1)

3. (a) PRINT FULL NAME John W Pasley

3. (b) If veteran, name war 1918 (c) Social Security No. 122

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14  
year 1943 hour 8:45 minute 0 M.

21. I hereby certify that I attended the deceased from 5/10/1943 to 5/14/1943  
that I last saw him alive on 5/14/1943  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife. 57 6. (c) Age of husband or wife if alive OK years

7. Birth date of deceased. Jan 20 1856  
(Month) (Day) (Year)

Immediate cause of death. Chronic Myocarditis

Due to Interosseal Veins

8. AGE: Years 87+ Months 3 Days 24 If less than one day hr. min.

Due to 93d

Other conditions. (Includes pregnancy within 3 months of death)

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

10. Usual occupation Farm

11. Industry or business

12. Name Solomon Pasley

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

14. Maiden name Estie Austin

15. Birthplace. Callaway Co. MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Beard

(b) Address

17. (a) Burial (b) Date thereof May 16, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Reform Hallways Cem

18. (a) Signature of funeral director W. J. Wallace

(b) Address Fulton, Missouri

19. (a) May 15-1943 (b) Joce M. Mount  
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: Of operations.

Of autopsy.

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..... (M. D. or other) M.D.

23. Signature George H Beard Address Fulton, Mo Date signed 5/14/43

---

---

**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, only  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

*Albert E. White*

Licensed Embalmer No. ....

*4168*

P. O. Address.....

*Gulston, 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.**