

FILED SEP 10 1943

Registration District No. 128

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Home, 404 E. Monroe  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 40 years  
years, months or days)

3. (a) PRINT FULL NAME MOLLIE BELLE WASSON

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased unk. unk. 1863  
(Month) (Day) (Year)

8. AGE: Years 80 Months unk. Days unk. If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation Home

11. Industry or business \_\_\_\_\_

12. Name E. T. Wasson

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

14. Maiden name Martha Lowery

15. Birthplace unk. Va.  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Flossie Wasson  
(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 8-21-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation East Lawn Cem.

18. (a) Signature of funeral director H. H. Lohmeyer

(b) Address Springfield Mo.

19. (a) 8-20-43 (b) Dr. W. Handley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39  
(c) City or town Springfield 2  
(If outside city or town limits, write "RURAL") 6  
(d) Street No. 404 E. Monroe  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 19th  
year 1943 hour 10:09 minute A M.

21. I hereby certify that I attended the deceased from July 1943 to Aug 18 1943  
that I last saw her alive on Aug 18 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis 1943

Due to Chronic Myocardial 1943

Due to \_\_\_\_\_

Other conditions Hypertension  
(Include pregnancy within 3 months of death)

Major findings: 1318

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

Years

Years

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 William R. Bestie (M. D. or other) \_\_\_\_\_  
Address 570 med. and. Bldg. Date signed 8-19-43

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

6

994

(Licensed Embalmer's Statement on Reverse Side)

Spfld., Mo.

**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 *L. Edwin Gorman*

Licensed Embalmer No. *3177*

P. O. Address *Gringfield Mo*  
*T*

**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.**