No. 2
1—2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1944

Registration District No. 2 1 2

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22302

Primary Registration District No. 6 000

Registrar's No.

1. PLACE OF DEATH:

(a) County Ralls,

(b) City or town Rural (Jasper Township.)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.F.D. Perry, Missouri.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 10 Yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls, 87

(c) City or town Perry, Missouri R.F.D.
(If outside city or town limits, write "RURAL")

(d) Street No. Perry, Missouri R.F.D.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Rebecca Susan Pasley.

3. (b) If veteran, name war

3. (c) Social Security No. None.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed.

6. (b) Name of husband or wife Lilburn O. Pasley

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May, 23, 1864 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80	0	19	hr. min.

9. Birthplace Franklin, Co. (City, town, or county) Virginia. (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business Home.

FATHER
12. Name Unknown.
13. Birthplace Unknown (City, town, or county) Virginia. (State or foreign country)

MOTHER
14. Maiden name Alie McBride.
15. Birthplace Unknown (City, town, or county) Virginia. (State or foreign country)

16. (a) Informant Mrs W. E. Wise
(b) Address Perry, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-14-44 (Month) (Day) (Year)
(c) Place: burial or cremation Liberty Cemetery. Martinsburg, Mo.

18. (a) Signature of funeral director Clydie Wiley
(b) Address Perry, Missouri.

19. (a) 6/14/44 (Date received local registrar) (b) Mrs. Earl Perkinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June, day 12th, year 1944 hour 12:30 minute P. M.

21. I hereby certify that I attended the deceased from June 5-44, 19 to June 12-1944, that I last saw her alive on June 12-1944, 19 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	
Due to	
Due to	
Other conditions Arterio-Sclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

938

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature W K McCall (M. D. ~~or other~~)
Address Laddonia, Mo. Date signed 6/14/44

11 30

(Licensed Embalmer's Statement on Reverse Side)

SEP 29 1944

RECEIVED
District Health Officer No. 10
District File Number 7-44-1294
Date Filed JUL 11 1944

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 Clyde C. Dickey

Licensed Embalmer No. 3826

P. O. Address Perry, Ind.

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.