

S. No. 2
OM-8-43
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27095
Registrar's No. 119

FILED AUG 24 1944

Registration District No. 10

Primary Registration District No. 3002

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
315 E. Breckenridge
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
Mexico
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. 315 E. Breckenridge
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry Clay Pasley

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Emma E. Oliver Pasley 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 14 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 4 17 hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Mrs. Cleo Pasley

(b) Address Mexico, Missouri

17. (a) Burial (b) Date thereof 8-3-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cemetery

18. (c) Signature of funeral director Paul E. Pugh

(b) Address Mexico, Missouri

19. (a) Aug-3-1944 (b) Margaret H. Mackey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2 year 1944 hour 12 AM minute _____ AM.

21. I hereby certify that I attended the deceased from July 30 1944 to Aug 2 1944
that I last saw him alive on Aug 2 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Inferiority of old age
Due to _____
Due to 162 L

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

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) Means of injury _____
23. Signature John A. Owens (D. or other) D.O.
Address Mexico Mo. Date signed 8-3-1944

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

230
7/23/44

1074 (Licensed Embalmer's Statement on Reverse Side)

AUG 24 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 Paul E. Pinski

Licensed Embalmer No. 3189

P. O. Address Meriden, Conn.

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.