No. 2
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 27 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

523

State File No.

Registration District No. 59 Primary Registration District No. 5228 Registrar's No. 14

1. PLACE OF DEATH:
(a) County: Cass
(b) City or town: Pleasant Hill RR. #3
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 4 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State: Kansas (b) County: Wyandotte
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 240 N 23 St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME: ARTHUR P. WASSON
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: Male 0
5. Color or race: Wh.
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: April (Month) 13 (Day) 1945 (Year)

8. AGE: Years	Months	Days	If less than one day
2	9	0	hr. min.

9. Birthplace: Kansas City (City, town, or county) Kansas (State or foreign country)
10. Usual occupation: None
11. Industry or business
12. Name (Father): Kenneth Wasson
13. Birthplace (Father): N. Dakota (City, town, or county) (State or foreign country)
14. Maiden name (Mother): Twila Phalp
15. Birthplace (Mother): Colorado (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Ruby Clemons
(b) Address: R.R. #3 Pleasant Hill Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-12-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Kansas City Mem
18. (a) Signature of funeral director: Geo H Long
(b) Address: 203 N 10 St. K.C.K.
19. (a) Jan. 20, 1948 (Date received local registrar) (b) Laura J. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 12th. year 1948 hour 5 20 minute A.M.
21. I hereby certify that I attended the deceased from October 30, 1947, to JAN. 12th, 1948, that I last saw him alive on 12-20-1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute CARDIAC DECOMPENSATION	1 DAY
Due to WILMS TUMOR KIDNEY - LEFT	1 1/2 yrs
Due to	
Other conditions: NONE (Include pregnancy within 3 months of death)	

Major findings: Of operations: NONE PERFORMED
X-RAY HAS BEEN GIVEN
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? (Specify type of place)
While at work? (e) Means of injury: B
23. Signature: A W Eklund (M. D. or other) MD
Address: Pleasant Hill, Mo. Date signed 1-12-48

(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 Louis A. Long

Licensed Embalmer No. 3417

P. O. Address 203 N 10 St. K C, 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.