FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 5 1948

Registration District No. 4

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

7947

State File No.

Primary Registration District No. 1000

Registrar's No. 374

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2536 Ro10 St (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: 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Buchanan
(c) City or town: St Joseph (If outside city or town limits, write "RURAL")
(d) Street No.: 2536 Ro10 Street (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: JOHN - R - WASSON
3. (b) If veteran, name war: No
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: Martha M
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Feb (Month) 4 (Day) 1872 (Year)

8. AGE: Years	Months	Days	If less than one day
76	1	20	..... hr. ..... min.

9. Birthplace: Unk - Tell (City, town, or county) (State or foreign country)
10. Usual occupation: Salesman (retired)
11. Industry or business: Oil Co. retail
MOTHER FATHER
12. Name: John Wasson
13. Birthplace: Scotland 4 (City, town, or county) (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: Scotland 4 (City, town, or county) (State or foreign country)
16. (a) Informant: Russell Wasson
(b) Address: Panhandle Texas
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mount Park Cem
18. (a) Signature of funeral director: Stamer Funeral Home
(b) Address: St Joseph Mo
19. (a) 3-29-48 (Date received local registrar) (b) G. E. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24th year 1948 hour 10 minute 30 P. M.
21. I hereby certify that I attended the deceased from March 24, 1948 to March 24, 1948 that I last saw him alive on March 24, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma stomach metastasis	1
Due to: Carcinoma - liver	—
Due to:	
Other conditions (include pregnancy within 3 months of death):	

Major findings:
Of operations: No
Of autopsy:

PHYSICIAN
Underline the cause of 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? Means of injury
23. Signature: Leroy Beck M.D.
Address: Kane Hill Bldg St Joseph, Mo. Date signed: 3/25/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

APR 5 1948

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 Charles M. Harman

Licensed Embalmer No. 4487

P. O. Address St. Joseph

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.