

S. No. 2
DM-2-43
v. 5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 10 1945
Registration District No. 200

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14828
Registrar's No. 65

Primary Registration District No. 6225

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

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Rural Washita Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution State Hospital No 3.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 yrs. 7 mo 8 da
In this community same time
years, months or days (Specify whether)

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

3. (a) PRINT FULL NAME Edward Noah Pass
(b) If veteran, name war No
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 25
year 1945 hour 6:10 minute 7 P. M.
21. I hereby certify that I attended the deceased from 2-2-44
to 4-25-45, 1945
that I last saw him alive on 4-25-1945, 1945
and that death occurred on the day and hour stated above.

4. Sex male 5. Color, or race white
6. (a) Single, widowed, married, divorced single
(b) Name of husband or wife none
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 19-1906
(Month) (Day) (Year)

Immediate cause of death Epilepsy. Duration _____

8. AGE: Years 39 Months 7 Days 7 If less than one day _____ hr. _____ min.

Due to _____
Due to _____

9. Birthplace Mc Donald Co. Mo
(City, town, or county) (State or foreign country)

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

10. Usual occupation none

MOTHER FATHER
11. Industry or business _____
12. Name Albert Pass
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Ella Ogden
15. Birthplace Germany
(City, town, or county) (State or foreign country)

Major findings: gib
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Hospital Records
(b) Address Nevada mo
17. (a) Removal (b) Date thereof 4-26-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Monett, Mo

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? _____

18. (a) Signature of funeral director Monett, Mo
(b) Address Monett, Mo
19. (a) 4-26-45 (b) Hazel B. Leitch
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature R B Lester (M. D. or other) _____
Address Nevada mo Date signed 4-25-45

1531

RECEIVED
District File No. 4-46-407
Date Filed 5-9-43
MAY 7

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.....

Licensed Embalmer No.....

P. O. Address.....

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.