

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

34613
 Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 395
 (b) Township Law Primary Registration District No. 100
 (c) City Kansas City (d) Street No. St. Marys Hosp. Registered No. 3949
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME
 (a) Residence, No. 25 W. Tabrick W. Mason St. (If nonresident, give city or town and State)
1330 Ashurst Rd. (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Regina G. Mason
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 700 16 1898
 7. AGE YEARS 39 MONTHS 10 DAYS 24 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Athlete
 9. Industry or business in which work was done, as saw mill, bank, etc. Director
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 10 1938
 22. I HEREBY CERTIFY, That I attended deceased from Sept 8 1938, to Oct 10 1938
 I last saw him alive on Oct 10 1938. Death is said to have occurred on the date stated above, at 10:30 a.m.
 The principal cause of death and related causes of importance were as follows:

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Athlete
 9. Industry or business in which work was done, as saw mill, bank, etc. Director
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

Pan - Conditis
95 B
 Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Parsons Kansas
 FATHER
 13. NAME Wm P. Mason
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charleston S. Carolina
 MOTHER
 15. MAIDEN NAME Mary Rupp
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vanderburt

Other contributory causes of importance:
Neurochondriosis
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? Yes

17. INFORMANT (ADDRESS) Mrs E. Batchley 615 Holmes
 18. BURIAL, CREMATION, OR REMOVAL PLACE Cathary DATE 10/12 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Edward J. Dean 70 W. Linwood
 20. FILED 10/10 1938 M. M. Enome Local Registrar.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury.....
 Nature of injury.....
 24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify.....
 (Signed) George C. Ferguson, M. D.
 (Address) 730 Prof. Bldg. K. C. Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 19 1942

DEC 10 1945

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, above space should be left blank.