

REC'D FEB 25 1939

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

3410
Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. 668
(b) Township _____ Primary Registration District No. 3032 Registered No. 32
(c) City Sedalia (d) Street No. 611 W. 4th St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

250 Thomas Asbury Mason
(a) Residence, No. 611 W. 4th St. Sedalia, Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Jane Jeffress

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 7-1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
77 11 _____

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrisonville Mo.

FATHER 13. NAME Thomas Mason

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER 15. MAIDEN NAME Elizabeth Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Herbert Mason Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sedalia, Mo. DATE Jan 31, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Parker Funeral Service Ottoville, Mo.

20. FILED Jan 29, 1939 Mrs Harry Sneed Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1939, to Jan 28, 1939
I last saw him alive on Jan 25, 1939. Death is said to have occurred on the date stated above, at 8:35 p.m.
The principal cause of death and related causes of importance were as follows:

Cerebral thrombosis
93 C
Other contributory causes of importance: arteriosclerosis Chronic impression

Name of operation none Date of _____
What test confirmed diagnosis? Chrom Was there an autopsy? no

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? no
If so, specify _____
(Signed) Chas. G. ... M. D.

(Address) Sedalia, Mo.

RECEIVED
District Health Officer No. 8,
District File Number
1/8/39
ate Filed

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.....

myself
.....
working under my personal supervision.

....., Registered Apprentice No.

Signed *L. F. Parker*
.....

Licensed Embalmer No. *3840*
.....

P. O. Address *Atterville, Mo*
.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.