

1939 FEB 6

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

3480
Do not use this space.

1. PLACE OF DEATH *Keeps* ?
(a) County *Keeps* Registration District No. *676*
(b) Township *Newburg* Primary Registration District No. *4402*
(c) City *Newburg* (d) Street No. _____ Registered No. *21*
(e) Length of residence in city or town where death occurred _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *265 Paul Dean Mason*
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *m* 4. COLOR OR RACE *w* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 16 - 1934*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0

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

12. BIRTHPLACE (CITY OR TOWN) *Newburg Mo*
(STATE OR COUNTRY)

FATHER 13. NAME *Floyd McCormick*
14. BIRTHPLACE (CITY OR TOWN) *Newburg Mo*
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME *Ester Mitchell*
16. BIRTHPLACE (CITY OR TOWN) *Eldon Mo*
(STATE OR COUNTRY)

17. INFORMANT *Floyd McCormick*
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Beach* DATE *Jan 17 1939*

19. FUNERAL DIRECTOR (NAME) *Lee Johnson*
(ADDRESS) *Newburg Mo*

20. FILED *1-17-39* *P. J. Smith*
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 16 - 1939*
22. I HEREBY CERTIFY That I attended deceased from *Jan 16 - 1939* to *Jan 16 - 1939*
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Still born

Other contributory causes of importance: _____
Name of operation *none* Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify _____
(Signed) *R. Brewer*, M. D.
607 (Address) *Newburg Mo*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.