

1939 MAY 11

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

15732  
Do not use this space.

1. PLACE OF DEATH

(a) County Pemiscot Registration District No. 681  
 (b) Township Little Prairie Primary Registration District No. 885 Registered No. 87  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

2571 Died remained - 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 Female 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant  
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10, 1989

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
0 0 0 0 0 0 0

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cauthersville, Mo.

FATHER 13. NAME Charley Mason, Jr.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pemiscot Co., Mo.

MOTHER 15. MAIDEN NAME Othel M. Beale

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

17. INFORMANT (ADDRESS) Mattie L. Mason  
Cauthersville, Mo. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cauthersville, Mo. DATE April 10, 1989

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Friends  
Cauthersville, Mo. R.F.D.

20. FILED April 10, 1989 Ceda Martin  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10, 1989

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 11:36 a.m.

The principal cause of death and related causes of importance were as follows:

Premature Birth Date of onset \_\_\_\_\_

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) G.W. Shipp M. D.

(Address) Cauthersville, 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.

RECEIVED

District Health Officer No. 3,

District File Number 39-278

Date Filed 5-3-39

**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.**