

REC'D JUN 8 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH18568
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 293
 (b) Township Boles Primary Registration District No. 5411 Registered No. _____
 (c) City _____ (d) Street No. _____
 (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

(a) Residence, No. 312 Jefferson St. St. Washington Mo
 (Usual place of abode, if no street address, write county or city) (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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 16 - 1909

7. AGE YEARS 29 MONTHS 5 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

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) (STATE OR COUNTRY) Howell, County Mo

13. NAME James Masburn

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

15. MAIDEN NAME Minnie Rich

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howell Co., Mo.

17. INFORMANT (ADDRESS) James Masburn Washington Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Mo DATE 5-30-39

19. FUNERAL DIRECTOR (ADDRESS) Ottobach Washington Mo

20. FILED 6-5-39 Mary B. Cross Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at 4:30 p.m.

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

Auto Accident
Fracture Skull

Date of onset

Other contributory causes of importance:

Name of operation None Date of _____

What test confirmed diagnosis? Cranium Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury _____, 19____.

Where did injury occur? Highway #100 near Vienna

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Public Highway #100 near Vienna

Manner of injury Auto Accident

Nature of injury Fracture Skull

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Phos. P. Shaffer M. D.

(Address) Washington Mo

210 m
99

MAY 17 1957

STATEMENT BY LICENSED EMBALMER

I, Henry W. Otto, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
_____. L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed Henry W. Otto
Licensed Embalmer No. 3560

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.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

18568
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1. PLACE OF DEATH

County Franklin

Registration District No. 293

(b) Township Bales

Primary Registration District No. 2411

Registered No. _____

(c) City _____

(d) Street No. _____ (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

(a) Residence, No. _____ St. ☐ (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m

4. COLOR OR RACE

w

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

s

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

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

29

5-

11

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) (STATE OR COUNTRY)

FATHER

13. NAME

FATHER

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED _____, 19 _____ Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-27, 1939

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 _____ m.

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

auto accident
fracture skull
Date of onset MAY 27

Other contributory causes of importance: 210 m

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? ACCIDENT Date of injury MAY 27, 1939

Where did injury occur? NEAR WASHINGTON, MO

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

PUBLIC HIGHWAY #100

Manner of injury SIDEWIDE ANOTHER CAR

Nature of injury FRACTURE SKULL

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Thos J. Shaffer, M. D.

(Address) _____

