

REC'D AUG 7 1939

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

24578
Do not use this space.

1. PLACE OF DEATH

(a) County JACKSON ² Registration District No. 399
(b) Township RAW ¹ Primary Registration District No. 1002 Registered No. 2791
(c) City KANSAS CITY (d) Street No. 3526 GARFIELD St.
(e) Length of residence in city or town where death occurred 58 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

MISS MRS NETTIE KATHERINE MASON
(a) Residence, No. 3526 GARFIELD 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 WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 24 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 2 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT HOME
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) COCHRAN 1
(STATE OR COUNTRY) INDIANA

FATHER 13. NAME MATHEW B. MASON

14. BIRTHPLACE (CITY OR TOWN) ROCHESTER 1
(STATE OR COUNTRY) NEW YORK

MOTHER 15. MAIDEN NAME EMILY SPIDEL

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

17. INFORMANT MRS LIBBIE M. GRIMM
(ADDRESS) 3526 GARFIELD

18. BURIAL, CREMATION, OR REMOVAL PLACE CREMATION DATE JULY 12 1939

19. FUNERAL DIRECTOR (NAME) D.W. NEWCOMER'S SONS
(ADDRESS) 1401 BRUSH CREEK BLVD

20. FILED July 11, 1939 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-10-39 19

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

I last saw Dr. J. P. ... on 7-10-39 19. Death is said to have occurred on the date stated above, at 5 A. M.

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

Hypertension myocard
Acute Pulmonary Edema
Heart Failure
Date of onset

Other contributory causes of importance: 930

Name of operation Autopsy Date of 7-10-39

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury 7-10-39

Where did injury occur? Home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

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

If so, specify None

(Signed) Russell W. ... M. D.

(Address) ...

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 A. C. Newcomer Jr.

Licensed Embalmer No. 4043

P. O. Address A. C. Newcomer

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.