

JAN 8 1940

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

43186  
Do not use this space.

1. PLACE OF DEATH  
(a) County Cooper Registration District No. 222  
(b) Township Pilot Grove Primary Registration District No. 4195  
(c) City Pilot Grove, Mo. (a) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred 63 yrs. - mos. - ds. - (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frank William Masel  
(a) Residence, No. 240 Pilot Grove, Mo. St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Masel  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 12 - 1872  
7. AGE 67 YEARS MONTHS 3 DAYS 17 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
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 Dec 24 - 1939 11. Total time (years) spent in this occupation 60  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Iowa  
13. NAME Josephine Masel  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Missouri  
15. MAIDEN NAME Josephine Schupp  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pilot Grove Missouri  
17. INFORMANT (ADDRESS) Mary M. Masel Pilot Grove, Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Paul Cem. Pilot Grove DATE Dec 27 1939  
19. FUNERAL DIRECTOR (ADDRESS) Hayes & Steckler Pilot Grove Mo.  
20. FILED Dec. 25, 1939 Ms. E. B. McClinton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 - 24 - 1939  
22. I HEREBY CERTIFY, That I attended deceased from 12 - 24 - 1939 to 12 - 24 - 1939  
I last saw him alive on 12 - 24 - 1939. Death is said to have occurred on the date stated above, at 4:45 p.m.  
The principal cause of death and related causes of importance were as follows:  
Acute Myocarditis  
Date of onset 12-24-39  
97  
Other contributory causes of importance:  
Chronic Endocarditis (Rheumatic) 1904  
Name of operation \_\_\_\_\_ 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? no  
If so, specify \_\_\_\_\_  
(Signed) J. S. Masel, M. D.  
(Address) Pilot Grove, 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. 8  
District File Number 15740  
Date Filed

STATEMENT BY LICENSED EMBALMER

I, Jeyton E. Ho, Licensed Embalmer No. 3074  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself  
\_\_\_\_\_ L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Jeyton E. Ho  
Licensed Embalmer No. 3074

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.)