

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

43484

Do not use this space.

1. PLACE OF DEATH

(a) County HENRY Registration District No. 347
 (b) Township 1 Primary Registration District No. 3018 Registered No. _____
 (c) City CLINTON (d) 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Everette Joe Mason

(a) Residence, No. 604 E. Grand River 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Bessie Mason (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 3 1886
 7. AGE YEARS 53 MONTHS 3 DAYS 25 IF LESS than 1 day, _____ hr. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Drayman
 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) 9-39 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis County Missouri

FATHER 13. NAME Thomas Mason 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER 15. MAIDEN NAME May Wood 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Mrs Bessie Mason Clinton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE Dec 31 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Consolidated Park Clinton Mo.

20. FILED 2-30 1939 Dr. J. R. Hampton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 28 1939
 22. I HEREBY CERTIFY, That I attended deceased from 1934 to Dec 28, 1939
 I last saw him alive on Dec 27, 1939. 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:

Gastric Carcinoma Date of onset 1938
46
 Other contributory causes of importance: Pericarditis Aneurysm Heart 1923

Name of operation None Date of _____
 What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (injury), fill in also the following:
 Accident, suicide, or homicide? No 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 None
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) S. B. Hughes, M. D.
 (Address) Clinton, Mo.

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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STATEMENT OF SERVICE TO BE MADE BY
PERSONS HAVING TO DO WITH
BURIAL OF DECEASED

IN, OF AND COUNTY OF

STATE OF

CITY OF

DATE

STATEMENT OF SERVICE TO BE MADE BY

RECEIVED

District Health Officer No. 7,

District No. 40-57

Date Filed 1-9-40

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 *M. D. Snow*

Licensed Embalmer No. *4034*

P.O. Address *Clinton, Mo.*

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.