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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20773

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2390

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson 1
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K.C.General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 days (Specify whether
In this community 65 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED: 0

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits write "RURAL")
(d) Street No. 2637 Cleveland (If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Albert L. Mason 250

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Etta B Mason 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Jan (Month) 12 (Day) 1875 (Year)

8. AGE: Years 65 Months 4 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Guard Muninicipal Farm

11. Industry or business City. 1

FATHER
12. Name Ember Mason
13. Birthplace ..... (City, town, or county) Tenn 0 (State or foreign country)

MOTHER
14. Maiden name Minerva Brock
15. Birthplace ..... (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs Etta B. Mason
(b) Address 2637 Cleveland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Brookings Cem. Indep. Mo

18. (a) Signature of funeral director Mrs C.L.Forster
(b) Address 918 Brooklyn

19. (a) June 11, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10th year 1940 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from May 18th, 1940, 19..., to June 10th 1940, 19...; that I last saw him alive on June 10th, 1940, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac hypertrophy and dilatation

Due to Hypertensive heart disease

Due to 131

Other conditions Browny induration of lungs and chronic vascular nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy See above

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)
While at work? ..... (e) Means of injury 1

23. Signature C. E. DeMarco M.D. (M. D. or other)
Address Supt. K.C.Gen.Hospital, K.C.Mo. Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

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 Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.