

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.

Washed Oct. 20 1940

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

22551
Do not use this space.

1. PLACE OF DEATH
 (a) County Platte Registration District No. 696
 (b) ~~Township~~ Carroll Primary Registration District No. 5924
 (c) City Platte City (d) Street No. 2418 Registered No. 17
 (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 Mary Elizabeth Mason 250
 (a) Residence, No. Platte City, Missouri 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) Widowed.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/20/1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 8 6

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. Housewife
 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) Buffalo, Kansas.

FATHER
 13. NAME John P. Stone
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bourbon County, Kentucky

MOTHER
 15. MAIDEN NAME Lucy Chinn
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte City, Missouri

17. INFORMANT John Mason
 (ADDRESS) Platte City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Platte City DATE 6/28/1940

19. FUNERAL DIRECTOR (NAME) L. F. Rollins
 (ADDRESS) Platte City, Missouri

20. FILED 6/27/40 By Mrs. Francis E. Murray
Deputy. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/26/1940

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1940, to June 26, 1940
 I last saw her alive on JUNE 26, 1940. Death is said to have occurred on the date stated above, at 1 P. m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of stomach & gall bladder Date of onset >

Other contributory causes of importance:
Carcinoma of bladder & urinary bladder - carcinoma of uterus found.

Name of operation Hysterectomy Date of 1938
 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) Platte City, Mo.
 (Address) Platte City, Mo.

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RECEIVED

District Health Officer No. 117

District File Number 740-1111

Date Filed JUL 5 1940

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,

B. Benjamin Post

, or by

Registered Apprentice No., working under my personal supervision.

Signed *B. Benjamin Post*

Licensed Embalmer No. 4059

P. O. Address Platte City, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **22 5-5-4**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **696**

Primary Registration District No. **744 18**

Registrar's No.

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

1. PLACE OF DEATH:

(a) County **Platte**

(b) City or town **Platte City**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **Mary Elizabeth Mason**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

20. DATE OF DEATH: Month **8** day **26**
year **1946** hour _____ minute _____ M.

4. Sex **F**

5. Color or race **W**

6. (a) Single, widowed, married, divorced **wid**

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased: (Month) _____ (Day) _____ (Year) _____

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years **67** Months **8** Days **6** If less than one day _____ min.

Immediate cause of death **Carcinoma of throat & gall bladder**

Due to **Primary Site of Carcinoma**
→ Carcinoma of uterus

9. Birthplace: (City, town, or county) _____ (State or foreign country) _____

Other conditions (include pregnancy within 3 months of death) **Carcinoma of colon and urinary bladder**

10. Usual occupation _____

Major findings: **Carcinoma of uterus**
Hysterectomy

Of autopsy _____

11. Industry or business _____

12. Name _____

13. Birthplace: (City, town, or county) _____ (State or foreign country) _____

14. Maiden name _____

15. Birthplace: (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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? _____

While at work _____ (Specify type of place) _____
Means of injury _____

23. Signature **Lester Javel** (M. D. or other) _____
Address **Platte City, Mo** Day _____

SUPPLEMENTAL

Duration _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

