S. No. 2
-4-13-40
5-17-39
PI X23159

2

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

FILED NOV 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36541

Registration District No. 831 Primary Registration District No. 6092 Registrar's No. 20

1. PLACE OF DEATH:
(a) County Shelby Blank Co.
(b) City or town Shelbyville - Rural
(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 2 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Shelby
(c) City or town Shelbyville - Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Roscoe Hamilton McMaster
3. (b) If veteran, name war ✓
3. (c) Social Security No. none
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. (Month) 4 (Day) 1880 (Year)

8. AGE: Years 59 Months 10 Days 19 If less than one day hr. min.

9. Birthplace Shelby County (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Farmer 4
11. Industry or business
FATHER
12. Name W. H. McMaster 1
13. Birthplace New York (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Jeannette M. Robison
15. Birthplace (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Roberta McMaster
(b) Address Shelbyville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F. Cemetery
18. (a) Signature of funeral director E. P. Thompson
(b) Address Shelbyville Mo.
19. (a) Oct 24-1940 (Date received local registrar) Pearl Goe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23 year 1940 hour 5:00 minute a M.
21. I hereby certify that I attended the deceased from —, 19__, to —, 19__;
that I last saw h— alive on —, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Came to his death by rifle shot, in Right
Due to temple
Due to Own hand 22 Colber Rifle
Other conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations Inquest deemed Unnecessary
Of autopsy —

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) Suicide
(b) Date of occurrence Oct 23-1940
(c) Where did injury occur? Shelbyville Rural (City or town) Shelby (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 7 H on Farm (Specify type of place)
While at work? (e) Means of injury 5
23. Signature C. W. Musgrove (M. D. or other) Coroner
Address Bethel Mo. Date signed 10/24/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-40-2187
Date Filed NOV 16 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, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed E. P. Thompson

Licensed Embalmer No. 1632

P. O. Address Shelbyville, Mo

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

If this body is not embalmed, fact should be so stated above.