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

FILED FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1957

Registration District No. 89 Primary Registration District No. 5131 Registrar's No. 1

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Rural – Poplar Bluff Mo R.6
(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)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Poplar Bluff – Mo R.6
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Joseph Oriel Mason
3. (b) If veteran name war No.
3. (c) Social Security No. no.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Mason
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Nov (Month) 23 (Day) 1856 (Year)
8. AGE: Years 84 Months 1 Days 9 If less than one day hr. min.
9. Birthplace Taswell – Indiana (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business —
12. FATHER Name John Mason
13. FATHER Birthplace Taswell Indiana (City, town, or county) (State or foreign country)
14. MOTHER Maiden name Mrs Neeley Taswell
15. MOTHER Birthplace Taswell, Indiana (City, town, or county) (State or foreign country)
16. (a) Informant C. F. Mason
(b) Address Paragould Ark. R.D.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 2 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Hartwell – Cemetery
18. (a) Signature of funeral director Watkins Funeral Service
(b) Address Dexter – Mo.
19. (a) 1/1/1941 (Date received by registrar) (b) Kate Sutz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1 year 41 hour minute M.
21. I hereby certify that I attended the deceased from 11-22- 1940 to 1-1 1941 that I last saw him alive on 12-1 1940 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Chronic Nephritis
Chronic Prostatitis
Due to Chronic Myocarditis
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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

23. Signature J. F. Clay MD (M. D. or other)
Address Poplar Bluff Mo Date signed 1/1/41

(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 Virgil H. Welch, Registered Apprentice No. ....., working under my personal supervision.

Signed Virgil H. Welch

Licensed Embalmer No. 4102

P. O. Address Dexter 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.