

No. 2  
4-13-40  
1-17-39  
K22159

FEB 17 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 2856

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 36

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution 121 E. College  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 77 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME: Frank M. Mason

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color of hair White

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

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 16 1863  
(Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name James C. Mason

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

14. Maiden name Mary W. Staples

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

16. (a) Informant Ma J. P. Jones

(b) Address 121 E. Walnut

17. (a) Funeral (b) Date thereof 1/30/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mason Cem.

18. (a) Signature of funeral director George C. Enson

(b) Address Independence, Mo.

19. (a) Jan 28, 41 (b) F. L. Cook M.D.  
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 121 E Walnut  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1-27-41 day \_\_\_\_\_ year \_\_\_\_\_ hour \_\_\_\_\_ minute 5A M.

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

Immediate cause of death Cerebral Pulmonary Edema

Due to Hypertensive Myocarditis

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) gr. h.

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

360 (Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (a) Means of injury \_\_\_\_\_

23. Signature Donald W. Jones (M. D. or other) 3

Address 121 E Walnut Date signed \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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**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..... *Ralph E. Miller*.....  
Licensed Embalmer No..... *1177*.....  
P. O. Address..... *Empire 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, fact should be so stated above.**