No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1941 791

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 4976

Registrar's No. 1224

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Mo. Pacific Hospital 0
(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 Mo (b) County Jackson 48

(c) City or town Kansas City 32
(If outside city or town limits, write "RURAL")

(d) Street No. 4818 E. 24th St. N.R.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME GUS MASHBURN

3. (b) If veteran, name war World War

3. (c) Social Security No. 702-14-5420

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Cora

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased May (Month) 27 (Day) 1885 (Year)

8. AGE: Years 55 Months 8 Days 8 If less than one day hr. min.

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

10. Usual occupation Flagman

11. Industry or business Mo Pacific RR.

MOTHER FATHER

12. Name Cader Mashburn

13. Birthplace Tennessee (City, town, or county) (State or foreign country) 1

14. Maiden name Margaret Hall

15. Birthplace Iowa (City, town, or county) (State or foreign country) 1

16. (a) Informant Amanda E. Mahoney

(b) Address Kansas City Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/6/41 (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) FEB 6 1941 (Date received local registrar) (b) J. N. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 5 year 41 hour 6 minute 15 a. M.

21. I hereby certify that I attended the deceased from 1-31, 1941, to 2-5, 1941; that I last saw h. 1m alive on 2-5, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Toxemia, due to	
Due to Bronchial pneumonia	1wk.
Due to	
Other conditions Chronic nephrosclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations — 93 C
Of autopsy — 13 C

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 H Atherton (M. D. or other) MD

Address Missouri Pacific Hosp Date signed 2-5-41

(Licensed Embalmer's Statement on Reverse Side)

EB 16 1946

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.....

Licensed Embalmer No. 1861

P. O. Address.....

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.