

FILED MAY 2 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15353

Registration District No. 630

Primary Registration District No. 4380

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Wodaway
(b) City or town Spidmore
(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)
In this community 23 yrs. years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Wodaway
(c) City or town Spidmore (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.? 0 years.

3. (a) PRINT FULL NAME HESTER CORDELIA MASTERS

8. (b) If veteran, name war _____ (c) Social Security No. none

4. Sex F! 5. Color or race W 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Orin S. Masters 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 9 1859 (Month) (Day) (Year)

8. AGE: Years 81 Months 5 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Brown

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

14. Maiden name Parilla Cochran

15. Birthplace not known (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. May Critchfield

(b) Address Denver Colo

17. (a) Burial (b) Date thereof Mar 31, 1941 (Manner, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Spidmore Mo.

18. (a) Signature of funeral director John W. Price (b) Address Marysville Mo.

19. (a) 3/31/41 (b) Dr. J. C. Manning (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 29 year 1941 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug 25, 1940, to Mar 29, 1941; that I last saw her alive on Mar 28, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Aortic Stenosis

Due to _____

Due to _____

Other conditions Anemia (Include pregnancy within 3 months of death)

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. C. Manning (M. D. or other) _____

Address Spidmore Mo Date signed 3/31/41

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 John W. Price.

Licensed Embalmer No. 3229.

P. O. Address Maryville 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.