

No. 2
1-4-41
-17-39
X26390

FIFTH MAY 6 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15904

State File No. _____

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 903

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Highway # 66, Dug Hill
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Highway 66 Near Dug Hill
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford
(c) City or town Steelville
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26 27
year 1941 hour 2:15 minute A M.
21. I hereby certify that I attended the deceased from _____
_____ 19____ to _____ 19____;

that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death While riding as a
passenger in an automobile that
left the highway and struck a
tree.

Due to Multiple fractures and
punctured lungs and liver.
Duration _____

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy Yes
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Joel Douglas Mason
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race 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 Nov 4 1895
(Month) (Day) (Year)

8. AGE: Years 45 Months 5 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name H. Shelby Mason

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

14. Maiden name Lollie Puckett

15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Mason

(b) Address R R 8 Box 430 Lemay, Mo.

17. (a) Burial (b) Date thereof 4-29-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Steelville, Mo.

18. (a) Signature of funeral director Louis H. Bopp Inc.

(b) Address Kirkwood Mo

19. (a) APR 28 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence April 27, 1941
(c) Where did injury occur? 3 Mi. East of Eureka
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place
(Specify type of place) (e) Means of injury _____

23. Signature Louis H Bopp (M. D. or other)
Address Kirkwood, Mo. Date signed 4/28/41

(Licensed Embalmer's Statement on Reverse Side)

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

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 M. Meyer*
Licensed Embalmer No. *3288*
P. O. Address *Hickman, 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.