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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED JUN 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18606

Registration District No. 651 Primary Registration District No. 4388 Registrar's No. 51

1. PLACE OF DEATH:

(a) County PEMISCOT

(b) City or town CARUTHERSVILLE Tun
(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 ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PEMISCOT 78

(c) City or town CARUTHERSVILLE 2
(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.? ..... years. 0

3. (a) PRINT FULL NAME GEORGE MASON

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex MALE 2

5. Color or race BLACK

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
About	65	—	—	..... hr. ..... min.

9. Birthplace unknown 4 (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Worked for City

FATHER
12. Name unknown
13. Birthplace unknown 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown 4 (City, town, or county) (State or foreign country)

16. (a) Informant Geo. Woods
(b) Address Caruthersville, Mo.

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof May 27-41 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Caruthersville, Mo.

18. (a) Signature of funeral director LaForge Und. Co.
(b) Address Caruthersville, Mo.

19. (a) May 31, 1941 (Date received local registrar) (b) Ada Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1941 hour unknown minute ..... M.

21. I hereby certify that I attended the deceased from March 18, 1941, to March 21, 1941; that I last saw him alive on May 24, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endo-carditis (unspecified)

Due to .....

Due to .....

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

Major findings:
Of operations .....
Of autopsy .....

Duration

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. W. Phipps (M. D. ~~or other~~) 0
Address Caruthersville, Mo. Date signed 6-3-41

585 (Licensed Embalmer's Statement on Reverse Side)

6-41-10

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.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.