FILED JUL 1, 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21323
Do not use this space.

1. PLACE OF DEATH
(a) County Cape Girardeau — Registration District No. 1 2 5
(b) Township or — " — " — Primary Registration District No. 2009 — Registered No. 21911
(c) City — " — " — (d) Street No. — St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME David Eli Masterson
(a) Residence, No. R. F. D. # 2 St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 28 - 1871

7. AGE: Years 69 | Months 9 | Days 5 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.: Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cape Girardeau Co

FATHER
13. NAME: David Masterson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cape Girardeau Co

MOTHER
15. MAIDEN NAME: Martha J. Hobbs
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cape Girardeau Co

17. INFORMANT (ADDRESS): Mrs Viola Blackford, Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairmount Cem DATE June 6th 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Walthers Und. Co, Cape Girardeau Mo.

20. FILED 6 - 4 - 1941 J. M. Thompson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6 - 4, 1941

22. I HEREBY CERTIFY, That I attended deceased from 3 - 26, 1941, to 5 - 19, 1941
I last saw him alive on 5 - 19, 1941. Death is said to have occurred on the date stated above, at 2 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Cardiac Decompensation	
Pulmonary Edema	

Other contributory causes of importance: 45C

Name of operation ..... Date of .....
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) A. F. Rudra M. D.
(Address) 1.1.F. Independence, Cape Girardeau, Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

CERTIFICATE WITH OUTLINING MATERIAL IS A PERMANENT RECORD

I X16805

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 I H Hohler

Licensed Embalmer No. 1623

P. O. Address Cape Girardeau, Mo

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

If this body is not embalmed, above space should be left blank.