

AUG 4 1941

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 24Primary Registration District No. 4070Registrar's No. 30

1. PLACE OF DEATH:

- (a) County Cape Girardeau
 (b) City or town Jackson
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Cape Road
 (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)3. (a) PRINT FULL NAME ELAM MASTERSON

3. (b) If veteran, name war _____

3. (c) Social Security No. None4. Sex M5. Color or race W6. (a) Single, widowed, married, divorced, widowed6. (b) Name of husband or wife Alma Randall Mastersen

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

7. Birth date of deceased June 12 1866
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

7317

hr.

min.

9. Birthplace Cape Girardeau Co, Mo
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business _____

12. Name David Mastersen18. Birthplace not known
(City, town, or county) (State or foreign country)14. Maiden name Martha Hobbs15. Birthplace not known
(City, town, or county) (State or foreign country)16. (a) Informant's own signature W. A. Lester(b) Address McClure Hill17. (a) Burial (b) Date thereof July 22-41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Old McElroy18. (a) Signature of funeral director M. B. H. Co(b) Address Jackson Mo19. (a) 7-23-41 (b) D. G. Schuber
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Cape Girardeau
 (c) City or town Jackson
 (If outside city or town limits, write "RURAL")
 (d) Street No. Cape Road
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20
year 1941 hour _____ minute _____ 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 _____

Duration _____

Due to By rifle shot administeredby unknown handDue to shot in head

Other conditions (Include pregnancy within 8 months of death) _____

Major findings: Of operations 166

Of autopsy _____

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) Don't know
 (b) Date of occurrence July 20 1941
 (c) Where did injury occur? Town Cape Girardeau Mo.
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? (Specify type of place) (e) Means of injury _____

23. Signature N. Barton Short (Att. or other) CoverAddress Jackson MO Date signed July 23/41

AUG 12 1941

AUG 14 1941

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 with the above constitutes grounds for revocation of license.)

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