

STANDARD CERTIFICATE OF DEATH

25423

State File No. \_\_\_\_\_

Registration District No. 465

Primary Registration District No. 5620 B

Registrar's No. 19

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

1. PLACE OF DEATH:

(a) County Lafayette  
(b) City or town Rural Middleton Town's  
(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)  
(S) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME William A. Masterson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Lillian Edwards Masterson 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov. 4th, 1871  
(Month) (Day) (Year)

8. AGE: Years 69 Months 8 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Bates County (Rural) Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name John D. Masterson

13. Birthplace Randolph Co., Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Sallie S. Jones  
15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Vanderlinden

(b) Address Marshall, Mo.

17. (a) Burial (b) Date thereof 7-25-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Killis and Marshall

(b) Address Carrollton, Missouri

19. (a) July 24-41 (b) Clayton H. Landon  
(Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. R. F. D. No. 1, Waverly  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23 year 1941 hour 7 minute :30 P.M.

21. I hereby certify that I attended the deceased from May 1, 1940, to July 23, 1941; that I last saw him alive on July 23, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death chronic lymphatic leukemia  
Duration 1yr. plus

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions chronic myocarditis  
(Include pregnancy within 3 months of death) ?

Major findings: no operation  
Of operations \_\_\_\_\_

Of autopsy no 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) Means of injury \_\_\_\_\_

23. Signature Geo. A. Kelling M.D. (M. D. or other) M.D.  
Address Waverly, Mo. Date signed 7/24/41

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 8-4-41

**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 myself

....., Registered Apprentice No.....

working under my personal supervision.

Signed

R. M. Marshall

Licensed Embalmer No.

2525

P. O. Address

Carrollton 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.**