

Registration District No. 413

Primary Registration District No. 5559.C.

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Muskegon
(c) Name of hospital or institution Jasper Co Hospital
(d) Length of stay: In hospital or institution 6 mo
In this community 0 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 049
(c) City or town Joplin 0
(d) Street No. Route 3
(e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 5 year 1941 hour 5 minute 25 a.m.

21. I hereby certify that I attended the deceased from March 13, 1941, to Sept 5, 1941; that I last saw him alive on Sept 4, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death
Pulmonary
Sclerosis - Tuberculosis

Due to
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy
130

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Herbert Mesier

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Jewel Mason 6. (c) Age of husband or wife if alive years 15

7. Birth date of deceased June 15 1898 (Month) (Day) (Year)

8. AGE: Years 43 Months 21 Days 21 If less than one day hr. min.

9. Birthplace Sugenaw Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Perry Mason

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

14. Maiden name Hassie Lewis

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

16. (a) Informant Jewell Mason

(b) Address R# 3 Joplin

17. (a) Burial (b) Date thereof Sept 8 1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Memorial

18. (a) Signature of funeral director W. H. City and Co

(b) Address W. H. City and Co

19. (a) SEPT 26 1941 (b) J. L. Pritchett M (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)
(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) (e) Means of injury

23. Signature Jesse E. Dargatzis (M. D. or other) Address W. H. City Mo Date signed 9/5/41

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

9
00
30

OCT 6 1944

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 Clayton M. Johnston
Licensed Embalmer No. 3,922
P. O. Address Webb City, 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.