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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 6 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32729

Registration District No. 821

Primary Registration District No. 4553

Registrar's No.

1. PLACE OF DEATH:

(a) County **Scott**

(b) City or town **Sikeston**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Sikeston General Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **5 days**
(Specify whether years, months or days)

In this community **5** years, months or days

3. (a) PRINT FULL NAME **Fannie Malone Masterson**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **492-01-8742**

4. Sex **Female** / 5. Color or race **White** / 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Wm. Masterson** / 6. (c) Age of husband or wife if alive **72** years

7. Birth date of deceased: **June 1 1873**
(Month) (Day) (Year)

8. AGE: Years **68** Months **3** Days **19** If less than one day hr. min.

9. Birthplace **Fulton Co. Kentucky** / **Housewife**
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name **J. H. Malone**

13. Birthplace **Unknown** / **Nancie or Pisk** (State or foreign country)

14. Maiden name **Unknown**

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

16. (a) Informant **William Masterson**

(b) Address **Sikeston, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **9-19-41**
(Month) (Day) (Year)

(c) Place: burial or cremation **Sikeston, Mo.**

18. (a) Signature of funeral director **H. H. Welsh**

(b) Address **Sikeston, Mo.**

19. (a) **10-1-41** (Date received local registrar) (b) **Edward M. Kend** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Scott**

(c) City or town **Sikeston**
(If outside city or town limits, write "RURAL")

(d) Street No. **836 Matthews Ave.**
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **18** year **1941** hour **12** minute **30** P.M.

21. I hereby certify that I attended the deceased from **Sept 8 1941** to **Sept 18-41**; that I last saw her alive on **Sept 18-41**; and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia 2d deg. Chr. Interstitial nephritis Chr. myocarditis**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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)

(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 **Edward M. Kend** (M. D. or other) Address **Sikeston, Mo.** Date signed **9/24/41**

RECEIVED

District Health Office No. 2,

District File Number 1041-1364

Date Filed 10/6/41

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston, 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.