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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED OCT 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32842

Registration District No. 875 — Primary Registration District No. 3039 — Registrar's No. 271

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1005 S. Main St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 38 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon 108
(c) City or town Nevada 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1005 S. Main St 2
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Carrie Masoner
3. (b) If veteran, name war ____ 3. (c) Social Security No. none
4. Sex F 1 — 5. Color or race W — 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George Masoner — 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Oct. 21, 1876 (Month) (Day) (Year)

8. AGE: Years 64 — Months 10 — Days 22 — If less than one day ____ hr. ____ min.

9. Birthplace Cherokee, Iowa (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name William Morris
13. Birthplace unknown 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Ida McDonald
(b) Address Nevada, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/15/41 (Month) (Day) (Year)
(c) Place: burial or cremation Deepwood Cemetery
18. (a) Signature of funeral director Terry Funeral Home
(b) Address Nevada, Mo
19. (a) 9-20-41 (Date received local registrar) (b) Allen V. Hays (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13, year 1941 hour 4:45 minute A M.
21. I hereby certify that I attended the deceased from June 19, 1941, to Sept 13, 1941; that I last saw her alive on Sept 12, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Stomach — Duration Prior to June 19 1941.
Due to ✓
Due to ✓
Other conditions none (Include pregnancy within 3 months of death)
Major findings: Of operations none
Of autopsy none.

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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 W. S. Love (M. D. or other) MD
Address Nevada, Mo Date signed Sept 20/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 10-41-1743
Date Filed 10-9-41

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 Lloyd Winnett

Licensed Embalmer No. 3857

P. O. Address Nevada, 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.