

No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35792**

Registration District No. **693**

Primary Registration District No. **4415**

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Platte
(b) City or town Edgerton
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 13 years (years, months or days)

3. (a) PRINT FULL NAME ADOLPHUS MASONER
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased. 7 14 55
(Month) (Day) (Year)

8. AGE: Years 86 Months 1 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Green Co. Tenn. (City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer

11. Industry or business _____
12. Name Chas. Masoner
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mattie Sale
(b) Address Edgerton, Mo.
17. (a) Burial (b) Date thereof 8 20 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ridgely Cem.

18. (a) Signature of funeral director Robbly's Mortuary
(b) Address Edgerton, Mo.
19. (a) 9/22/41 (b) V. R. P. Hall
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Platte
(c) City or town Edgerton (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 8 day 18
year 41 hour 10 minute 15 A.M.
21. I hereby certify that I attended the deceased from June 7th, 1941, to Aug. 18, 1941,
that I last saw him alive on Aug. 18, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 5 years

Due to: _____
Due to: 938
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature S. S. Surdon (M. D. or other) D
Address Deer Run Mo. Date signed 7-20-41

629 (Licensed Embalmer's Statement on Reverse Side)

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

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..... *Vivian R. Nash*

Licensed Embalmer No. *3947*

P. O. Address..... *Edgerton, 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.