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FILLED NOV. 13 1941
Registration District No. **18496**

Primary Registration District No. **3038**

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

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marshall *PATMAN*

(c) Name of hospital or institution: Putnam Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 days

In this community Month

(Specify whether years, months or days)

3. (a) PRINT FULL NAME James Lawson Mason

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 10 1867

(Month) (Day) (Year)

8. AGE:

| | | | |
|-----------|----------|-----------|----------------------|
| Years | Months | Days | If less than one day |
| <u>74</u> | <u>4</u> | <u>15</u> | _____ hr. _____ min. |

9. Birthplace Kentucky

(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER {

12. Name G.L. Mason

13. Birthplace Kentucky

(City, town, or county) (State or foreign country)

14. Maiden name Helen Dunn

15. Birthplace Kentucky

(City, town, or county) (State or foreign country)

16. (a) Informant Mrs A.N. Ehrnman

(b) Address Marshall Mo.

17. (a) Oct 27 Burial (b) Date thereof Oct 27 1941

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park Marshall Mo.

18. (a) Signature of funeral director Don Short

(b) Address Marshall, Mo.

19. (a) 10-27-41 (b) Mary Kent

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 999

(c) City or town Las Animas

(If outside city or town limits, write "RURAL")

(d) Street No. Rural

(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25

year 1941 hour 2 minute 15 A.M.

21. I hereby certify that I attended the deceased from Sept. 3-1941

Oct 25 1941 to Oct 25 1941

that I last saw him alive on Oct 25 1941

and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach

Duration 18 mo.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: 468

Of operations _____

Of 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) _____ (e) Means of injury _____

23. Signature A. C. Pulman (M. D. or other) _____

Address Marshall Mo Date signed 10-27-41

RECEIVED
District Health Officer No. 8,
District File Number 11-10-41
Date Filed

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 Donald W. Short

Licensed Embalmer No. 3757

P. O. Address Marshall 7

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.