

DEC 16 1941

Registration District No. 197

Primary Registration District No. 5276

State File No. _____

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Clay
 (b) City or town Rural -- Gallatin ^{Town}
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Route #5, North Kansas City, Mo.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 63 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay ²⁴
 (c) City or town Rural - North Kansas City ⁷
(If outside city or town limits, write "RURAL")
 (d) Street No. Route #5 ⁰
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME LEWIS K. MASTERS

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 July 22, 1858
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>3</u>	<u>13</u>	hr. _____ min. _____

9. Birthplace Irvine, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer -- retired

11. Industry or business _____

12. Name Henry W. Masters

13. Birthplace Estel County, Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Sarah E. Prather

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

16. (a) Informant James Masters

(b) Address Route #5, North K. C. Mo.

17. (a) Removal (b) Date thereof 11 - 6 - 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Irvine, Kentucky

18. (a) Signature of funeral director Morton Funeral Home

(b) Address North Kansas City, Mo.

19. (a) Nov 6 1941 (b) Ruth N. Henry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 5
 year 1941 hour 1:45 minute _____ A. M.

21. I hereby certify that I attended the deceased from _____ 1941 to _____ 1941
 that I last saw him alive on _____ 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Degeneration
 Duration _____

Due to _____

Due to _____

Other conditions: 93d
(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) Manner of injury

23. Signature J. W. ... (M. D. or _____)

Address Liberty Mo Date signed 11/6/41

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 12-15-41

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.....

Harold L. Posson

Registered Apprentice No.....

working under my personal supervision.

Signed Harold L. Posson

Licensed Embalmer No. 3605

P. O. Address North K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.