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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43251

Registration District No. 875 Primary Registration District No. 6162 Registrar's No. 373

1. PLACE OF DEATH:

(a) County Vernon Washington Twp

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

(c) Name of hospital or institution: State Hospital No 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 2 years 10 mo 8 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 108 0 0

(a) State Missouri (b) County Jackson

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

(d) Street No. 1208 East 27th St O
(If rural, give location)

(e) If foreign born, how long in U. S. A.? U S A. years.

3. (a) PRINT FULL NAME GOLDIE-MASON

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex 1 female

5. Color or race white

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

6. (b) Name of husband or wife none

6. (c) Age of husband or wife if alive none years

7. Birth date of deceased May (Month) 12 (Day) 1873 (Year)

8. AGE: Years 67 Months 7 Days 19 If less than one day — hr. — min.

9. Birthplace Joplin (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Saleslady

11. Industry or business none

FATHER
12. Name Daniel Mason
13. Birthplace Rogersville (City, town, or county) Tennessee! (State or foreign country)

MOTHER
14. Maiden name Mary Snyder
15. Birthplace Knoxville (City, town, or county) Tennessee! (State or foreign country)

16. (a) Informant Records State Hosp No 3

(b) Address Nevada Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec 31, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Joplin Mo.

18. (a) Signature of funeral director Thornhill-Dillon Mort.

(b) Address Joplin, Mo

19. (a) 12-31-41 (Date received local registrar) (b) Allen V. Hays (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31
year 1941 hour 11 minute 50 A M.

21. I hereby certify that I attended the deceased from Oct, 1939, to Dec 31, 1941;
that I last saw her alive on Dec 31, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Tabo Paresis

Due to 30b

Due to

Other conditions Psychosis with Tabo Paresis
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No!

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence none

(c) Where did injury occur? none (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? none (e) Means of injury none

23. Signature Paul L. Barone (M. D. or other) M. D.

Address State Hosp No 3 Date signed Dec 31 1941

(Licensed Embalmer's Statement on Reverse Side) Nevada Mo.

RECEIVED
District Health Officer No. 7,
District File Number 12-41-2100
Date Filed 1-6-42

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 Neil A. Thornhill

Licensed Embalmer No. 3890

P. O. Address Joplin, MO.

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

If this body is not embalmed, above space should be left blank.