

Filed APR 25 1942
 299

Registration District No.

Primary Registration District No. 1002

Registrar's No. 1218

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

48
3
8

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Trinity Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days
(Specify whether

In this community 54 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048

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

(d) Street No. 206 E. 43rd
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Mr. Otto C. Mason

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 0 5. Color or race White 3

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

6. (b) Name of husband or wife Harriet Brinkman Mason 6. (c) Age of husband or wife if alive ---- years

7. Birth date of deceased September 30 1871
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	6	2	hr. min.

9. Birthplace Basil, Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Live Stock Dealer

12. Name Armstead T. Mason

13. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth C. Campbell

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

16. (a) Informant George E. Mason
 (b) Address 206 E. 43rd

17. (a) Burial (b) Date thereof 4-3-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Freeman Mortuary
 (b) Address Kansas City, Mo.

19. (a) 4-3-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 2nd
 year 1942 hour minute 10 M.

21. I hereby certify that I attended the deceased from 24 1942 to 4/2 1942
 that I last saw him alive on Apr 2- 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction

Due to
 Due to 122 ft²

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: effusions adhered to intestines

Of autopsy stricture obstruction
Secondary Colby's signoid

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 None

23. Signature Professional Bldg (M. D. or other) 11/12/42
 Address Date signed 4/12/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

*W. O. R. M. 12-4-30
12-4-30
VT 4603
Prof. Reed
Mr. [unclear]*

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 Clarence W. Childs

Licensed Embalmer No. 3473

P. O. Address 76 E 760

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.