

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 481

1. PLACE OF DEATH:

(a) County. BUCHANAN
(b) City or town. ST-JOSEPH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2102 - SAVANNAH-AVE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether
In this community. FRT-44-YEARS. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MISSOURI (b) County. BUCHANAN
(c) City or town. ST-JOSEPH
(If outside city or town limits, write "RURAL")
(d) Street No. 2102 SAVANNAH-AVE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME INA-BELLE-MASON

3. (b) If veteran, name war. NO 3. (c) Social Security No. NO

4. Sex Female 5. Color or race Wh 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Thelma Mason 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased Apr. 28 1887
(Month) (Day) (Year)

8. AGE: Years 55 Months 0 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Miss Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Alfred A. Beard

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

14. Maiden name Melissa M. Dorr

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

16. (a) Informant Thelma J. Mason

(b) Address St Joseph MO

17. (a) burial (b) Date thereof May 11 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Auburn Cem.

18. (a) Signature of funeral director Roy Stamer

(b) Address St Joseph MO

19. (a) 5-11-42 (b) Rock Herzig
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from May 8 1942 to May 9 1942
that I last saw h. alive on May 8 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Throat

Due to _____
Due to _____

Other conditions. (Include pregnancy within 3 months of death) Hgb

Major findings: 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) (b) Means of injury _____

23. Signature Leroy Beckman M.D. or other _____
Address St Joseph MO Date signed 5/11/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 John Roy Stoney
Licensed Embalmer No. 2435
P. O. Address St Joseph

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.