S. No. 2
—9-4-41
5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 17 19[illegible]

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20367

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2561

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:
St. Luke's Hospital, 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 weeks (Specify whether
In this community Since 1911
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Johnson, 990
(c) City or town Overland Park 14
(If outside city or town limits, write "RURAL")
(d) Street No. 5200 Ridge 0
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No) 7
If yes, name country x

3. (a) PRINT FULL NAME Charles Dudley Mason,
3. (b) If veteran, name war no.
3. (c) Social Security No. 487-10-9495
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marjorie Standart Mason
6. (c) Age of husband or wife if alive unk. years
7. Birth date of deceased July (Month) ~~27~~ (Day) ~~1942~~ 1905 (Year)

8. AGE: Years 36 Months 11 Days 26 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country) 11
10. Usual occupation Traffic Manager
11. Industry or business Union Wire Rope Co.

FATHER
12. Name Charles F. Mason, 0
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Gift
15. Birthplace Wales (City, town, or county) (State or foreign country) 4

16. (a) Informant Mrs. Marjorie S. Mason,
(b) Address 5200 Ridge, Overland Park, Kansas
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7-6-42 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery
18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 7-6-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3rd year 1942 hour 7:46 minute P. M.

21. I hereby certify that I attended the deceased from ..... 19.... to ..... 19.... that I last saw h..... alive on ..... 19.... and that death occurred on the date and hour stated above.

AUTOPSY ONLY

	Duration
Immediate cause of death	
Due to Primary Sarcoma of Stomach	6 mo
Due to with Generalized METASTASES 46B	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations See above	
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?
(Specify type of place)
While at work? (e) Means of injury 0
23. Signature [illegible] (M. D. or other)
Address St. Luke's Hospital Date signed July 4

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(Licensed Embalmer's Statement on Reverse Side)

Mc

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.....

Licensed Embalmer No. 14135

P. O. Address.....

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

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