

S. No. 2  
DM-5-42  
v. 5-17-39  
I X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23497

FILED JUL 27 1942

State File No. 23497

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2744

48  
05008

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

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: Research Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 Days  
(Specify whether in this community 55 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 4143 Michigan Avenue  
(If rural, give location)

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

3. (a) PRINT FULL NAME Mr. Hiram Bramwell Mason

(b) If veteran, name war No

(c) Social Security No. 510-05-8506

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16th  
year 1942 hour 8 minute 40 A. M.

4. Sex Male

5. Color or race White

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

(b) Name of husband or wife Mrs. Daisy E. Mason

(c) Age of husband or wife if alive 63 years

7. Birth date of deceased: February 7 1881  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 11, 1935 to July 16, 1942

that I last saw him alive on July 15, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral thrombosis (?) Duration  
or Cerebral hemorrhage (?)  
numerous attacks since Oct. 1939

8. AGE: Years 61 Months 5 Days 9 If less than one day hr. min.

Due to old coronary disease, since 1939  
arterial hypertension - 1 year  
arterio-sclerosis and  
arterio-sclerotic nephritis 1941

Other conditions: 131A  
(Include pregnancy within 3 months of death)

9. Birthplace Grafton West Virginia  
(City, town, or county) (State or foreign country)

10. Usual occupation Department Manager - Armour & Co

Major findings: 131A

Of operations: none

Of autopsy: (head not included)  
Coronary heart and arterio-sclerotic nephritis

Underline the cause to which death should be charged statistically.

11. Industry or business Retired 4 Years

12. Name Hiram Mason

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

14. Maiden name Mary K. Shaffer

15. Birthplace Mt. Savage Maryland  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Daisy E. Mason

(b) Address 4143 Michigan Avenue

17. (a) Burial (b) Date thereof July 18, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Loriah Cemetery

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) (e) Means of injury.....

18. (a) Signature of funeral director: O. H. Newcomer, Sr.

(b) Address 1401 Brush Creek Blvd.

19. (a) 7-18-42 (b) M. M. Crowl  
(Date received local registrar) (Registrar's signature)

23. Signature Joe E. Stowers (M. D. or other)  
Address 1103 Euclid, K.C., Mo Date signed 7/16/42

2:30-3  
915 Professional Bldg

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**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 Circle M. Colborn

Licensed Embalmer No. 3506

P. O. Address KC MO

**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.**