S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

24328

State File No.

Registration District No. 318 — Primary Registration District No. 2001 — Registrar's No. 508

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 1 yr. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Taney
(c) City or town Protem
(If outside city or town limits write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

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3. (a) PRINT FULL NAME MYRTLE MASTERSON
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex FEMALE
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife W. C. MASTERSON
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased Unknown 1913 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
Appr. 29 Unknown hr. min.

9. Birthplace Protem MO. 0 (City, town, or county) (State or foreign country)
10. Usual occupation HOUSE WIFE
11. Industry or business
FATHER
12. Name WILL COTES
13. Birthplace Taney Co. Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Taney County Missouri (City, town, or county) (State or foreign country)
16. (a) Informant W. C. Masterson
(b) Address Protem Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/7/42 (Month) (Day) (Year)
(c) Place: burial or cremation Protem Mo.
18. (a) Signature of funeral director J. W. Bevans
(b) Address Forsyth Mo.
19. (a) July 7, 1942 Dr W E Handley (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 7 year 1942 hour 3 minute 30 a M.
21. I hereby certify that I attended the deceased from 7 — 6, 1942, to 7 — 7 — 1942 that I last saw her alive on 7 — 7 — 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Embolism following delivery after versions
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

147d

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
23. Signature [signature] (M. D. or other)
Address Forsyth, Mo. Date signed

784 (Licensed Embalmer's Statement on Reverse Side)

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

39
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AUG 7 1949

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.....

P. O. Address.....

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, above space should be left blank.