. S. No. 2
M—9-4-41
ev. 5-17-39
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FILED AUG 7 1942

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

25446

State File No.

Dr J.A. Cline

Registration District No. 8-19821 Primary Registration District No. 60703 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Scott

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

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

(d) Length of stay: In hospital or institution (Specify whether
In this community 17 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott 100

(c) City or town Crowder 0
(If outside city or town limits, write "RURAL") 0

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Mary E. Masters

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex F /

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 9 (Month) 30 (Day) 1862 (Year)

8. AGE: Years 79 Months 8 Days 17 If less than one day hr. min.

9. Birthplace Washington (City, town, or county) Ind. / (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Benjamin Matthews
13. Birthplace Bedford (City, town, or county) Ind. / (State or foreign country)

MOTHER
14. Maiden name Hannah Pickets
15. Birthplace (City, town, or county) Indiana / (State or foreign country)

16. (a) Informant Lee A. Masters
(b) Address Crowder Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/18/42 (Month) (Day) (Year)
(c) Place: burial or cremation Morley Mo.

18. (a) Signature of funeral director Hunter Albritton
(b) Address Sikeston Mo.

19. (a) July 17 (Date received local registrar) (b) Mrs. Wm Foster (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 17
year 1942 hour 1 minute a M.

21. I hereby certify that I attended the deceased from 6/12, 1942 to 6/17, 1942
that I last saw her alive on 6/12, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Endocarditis	1936
Due to	
Due to	
Other conditions Vascular Hypertension (Include pregnancy within 3 months of death)	?

91b

Major findings:
Of operations
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

23. Signature J A Cline (M. D. or other)
Address Oran Mo Date signed 6/18/42

1042 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 842-964
Date Filed 8-4-42

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

Embalmed, Registered Apprentice No.

working under my personal supervision.

Signed Hunter Albritton

Licensed Embalmer No. 4210

P. O. Address Sikeston 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.