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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED SEP 11 1942

State File No. 26863

Registration District No. ~~125~~ 53. Primary Registration District No. ~~5178~~ 5185. Registrar's No. 230.

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau R.F.D. #1 (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Family Home, 1 Rural, R.T.I. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether

In this community 47 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau 16

(c) City or town Rural Cape Girardeau (If outside city or town limits, write "RURAL")

(d) Street No. Cape R.F.D. #1 (If rural, give location) 0

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

If yes, name country 0

3. (a) PRINT FULL NAME Sadie Isa Dora Masters

3. (b) If veteran, name war .....

3. (c) Social Security No. c

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife J. F. Masters

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

7. Birth date of deceased July (Month) 26, (Day) 1871 (Year)

8. AGE: Years 71 Months 0 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace Bollinger County (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation .....

11. Industry or business housewife

FATHER
12. Name B. H. Newell
13. Birthplace Bollinger County (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Sarah Ross
15. Birthplace Don't Know (City, town, or county) 9 (State or foreign country)

16. (a) Informant J. F. Masters

(b) Address Cape Girardeau R.F.D. #1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-6-42 (Month) (Day) (Year)

(c) Place: burial or cremation Russell Heights Cem't

18. (a) Signature of funeral director L. L. Haman

(b) Address Cape Girardeau, Mo.

19. (a) 8-6-42 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4th year 1942 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from Oct 26, 1940, to Aug 3, 1942 that I last saw her alive on Aug 3, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Valvular heart disease	2½ yrs
Due to	
Due to	
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

93

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 John W. Berry (M. D. or other)

Address Cape Girardeau Mo Date signed 8-6-42

1014

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 942-1160

Date Filed 4-9-42

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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Howard L. Hanson

Licensed Embalmer No. 4122

P. O. Address Aroostook, Me.

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.