

5. No. 2  
-1-4-41  
5-17-39  
P1 X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **30990**

Registration District No. **257**

Primary Registration District No. **5880**

Registrar's No. \_\_\_\_\_

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

2600

**1. PLACE OF DEATH:**

(a) County Osage

(b) City or town Rural Route  
(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 years, months or days)

In this community \_\_\_\_\_

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Osage

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

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

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Frank Mason

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

3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Oct 29 1850  
(Month) (Day) (Year)

8. AGE:			If less than one day	
Years	Months	Days	hr.	min.
91	7	3		

9. Birthplace St Louis Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**

12. Name Robert H. Mason

13. Birthplace Rhode Island  
(City, town, or county) (State or foreign country)

14. Maiden name Lydia Wheale

15. Birthplace Tenn  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Julia Pashler

(b) Address Linn Mo

17. (a) Burial (b) Date thereof 8-4-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Hill Cemetery

18. (a) Signature of funeral director Blade Martin

(b) Address Linn Mo

19. (a) Aug. 4-1942 (b) E. D. ...  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug day 2 year 1942 hour 5:30 minute PM M.

21. I hereby certify that I attended the deceased from July 1-42 to Aug 2 1942

that I last saw her alive on Aug 2 1942 and that death occurred on the date and hour stated above.

Immediate cause of death

Thrombosis of Brain 15 days

Due to \_\_\_\_\_

Due to High Blood Pressure 250 systolic

Other conditions old age 91 years  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 83%

**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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(g) Means of injury \_\_\_\_\_

23. Signature Jno Williams (M, D. or other) \_\_\_\_\_

Address Linn Mo Aug 6 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 Vernon Morton  
Licensed Embalmer No. 4125  
P. O. Address Linn, 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.**