

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **39852**

FILED DEC 18 1942

Registration District No. **149**Primary Registration District No. **1002**Registrar's No. **4553**

1. PLACE OF DEATH:

(a) County **Jackson**
 (b) City or town **Kansas City, Mo.**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Children's Mercy Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **8 days**
 (Specify whether
 In this community **8 days**
 years, months or days)

3. (a) PRINT
FULL NAME**Peggy Ann Lee Masters**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 **Child**6. (b) Name of husband or wife **Samuel Lee Masters** 6. (c) Age of husband or wife if
alive **42** years7. Birth date of deceased. **6** **30** **42**
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
56 **65** hr. min.9. Birthplace **Butler # Missouri**
(City, town, or county) (State or foreign country)10. Usual occupation **Child**

11. Industry or business

MOTHER FATHER
 12. Name **Sam Lee Masters**
 13. Birthplace **Bates Co Mo.**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Francis Igo**
 15. Birthplace **Bates Co Missouri**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Frances Lee Masters**
(b) Address **Butler, Mo.**17. (a) **Burial** (b) Date thereof **Dec 7, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Oak Hill, Butler**18. (a) Signature of funeral director **Culvers**
(b) Address **Butler, Mo.**19. (a) **12-8-42** (b) **M. M. Browne**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
 (c) City or town **Butler**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **East Pine**
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No) **1**
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DECEMBER** day **5**
 year **1942** hour **12** minute **50 P.M.**
 21. I hereby certify that I attended the deceased from **NOV.**
27 19**42** to **DEC. 5** 19**42**
 that I last saw **HER** alive on **DEC. 5** 19**42**
 and that death occurred on the date and hour stated above.

Immediate cause of death

MILIARY TUBERCULOSISDue to **2.2a**Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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) (e) Means of injury

23. Signature **H.M. Kelly** (M. D. or other)
Address **1124 Prof Bldg** Date signed

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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

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.....

C. E. Culver

Licensed Embalmer No.....

2576

P. O. Address.....

Butler, 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.