

FILED JAN 11 1943

Registration District No. **760**

Primary Registration District No. **4350**

Registrar's No. **99**

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

1. PLACE OF DEATH:

(a) County **JEFFERSON**

(b) City or town **PEVELY, Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **7 YEARS** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **JEFFERSON**

(c) City or town **PEVELY, Mo.**
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

3. (a) PRINT FULL NAME **CHARLES A. MASON**

(b) If veteran, name war **NO.**

(c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **19** year **1942** hour **6** minute **30 P.**

4. Sex **M.**

5. Color or race **W**

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

6. (b) Name of husband or wife **MARGARET MASON**

6. (c) Age of husband or wife if alive **71** years

7. Birth date of deceased **MARCH 5, 1871**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Dec 14, 1942** to **Dec 19, 1942** that I last saw him alive on **Dec 19, 1942** and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
71	9	14	hr. _____ min.

Immediate cause of death **Sabin Pneumonia**

Due to **108**

Due to _____

9. Birthplace **WASHINGTON CO. Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **STEAM FITTER**

Other conditions (include pregnancy within 3 months of death) **None**

MOTHER FATHER

11. Industry or business _____

12. Name **JOHN MASON**

13. Birthplace **Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **UNKNOWN**

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

PHYSICIAN

Major findings: Of operations **None**

Of autopsy **None**

Underline the cause to which death should be charged statistically.

16. (a) Informant **MR WILLIAM HENKEL**

(b) Address **PEVELY Mo.**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **DEC. 23 1942**
(Month) (Day) (Year)

(c) Place: burial or cremation **GAMEL CEM. FESTUS Mo.**

18. (a) Signature of funeral director **HEILIGTAG FUNERAL HOME**

(b) Address **KIMMSWICK Mo.**

19. (a) **13-31-43** (Date received local registrar) (b) **[Signature]** (Registrar's signature)

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)

23. Signature **[Signature]** (Specify type of place) _____
Address _____ Date signed **12/21/42**

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..... *Arthur W. Heiligtag*

Licensed Embalmer No. *3876*

P. O. Address..... *Kennswick, 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.