S. No. 2
M—5-42
. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1625

State File No.

FILED FEB 5 1943

Registration District No. 12 Primary Registration District No. 1000 Registrar's No. 133

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Private Hospt. 716 North 6th St. D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months (Specify whether
In this community 39 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town 307 S. 16th St.
(If outside city or town limits, write "RURAL")
(d) Street No. St. Joseph
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sarah Susan Masteller

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 Widow

6. (b) Name of husband or wife Frederick E. Masteller

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

7. Birth date of deceased Fev. 25, 1877 (Month) (Day) (Year)

8. AGE: Years 65 Months 10 Days 11 If less than one day hr. min.

9. Birthplace Louisana (City, town, or county) Missouri D (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Eliza Swalley

13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

14. Maiden name Rebecca Houchins

15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Grace Ziph
(b) Address R. R. # 5, St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 8, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Clark Mustain
(b) Address 5025 King Hill Ave.

19. (a) 1-8-43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

1255

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6 year 1943 hour 3 minute 15 p M.

21. I hereby certify that I attended the deceased from Nov. 1942, 19..., to Jan. 6, 1943; that I last saw her alive on Jan. 6, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac insufficency	
Diabetic coma	
Due to: Cardiovascular renal	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
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 Dr. John Hartsock (M. D. or other) D.O
Address 222 Logan Bldg. Date signed 1-8-43

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~~ Jan. 6, 1943

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Earl A Clark

Licensed Embalmer No. 4238

P. O. Address St. Joseph

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.