

FILED MAR 15 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1130

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 4 Days  
34 Years (Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Mrs. Daisy E Mason

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 Widowed

6. (b) Name of husband or wife Hiram Bramwell Mason

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

7. Birth date of deceased: March 18 1879  
(Month) (Day) (Year)

8. AGE: Years 63 Months 11 Days 15  
hr. \_\_\_\_\_ min.

If less than one day \_\_\_\_\_

9. Birthplace Bloomington Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business At Home

MOTHER FATHER { 12. Name Unknown White

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

{ 14. Maiden name Mary Young

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

16. (a) Informant Jack E. Mason

(b) Address 4143 Michigan

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof March 6, 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Mount Moriah Cemetery

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 3-5-43 (Date received local registrar)

(b) M. M. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson

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

(d) Street No. 4143 Michigan Avenue  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3<sup>rd</sup>  
year 1943 hour 9:35 minute P. M.

21. I hereby certify that I attended the deceased from March 1, 43  
to March 3, 1943  
that I last saw her alive on March 3, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Altelectasis 12 hrs  
operative shock 48 hrs

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

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

Other conditions: Carcinoma ovaries not known  
(Include pregnancy within 3 months of death)

Major findings: with large ovarian cyst

Of operations \_\_\_\_\_

Of autopsy Carcinomatous  
of above

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 Geo. Ottewill (M. D. or other)

Address Kansas City, Mo. Date signed 3/4/43

9150 Professional Seal  
12:30 - 1:25:30 - 5:45

**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 *K C Newcomer*  
Licensed Embalmer No. 4043  
P. O. Address *K C 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.**