6109

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 221

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs Mo

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

(c) Name of hospital or institution: Roonan House Invalid. 4

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks (Specify whether

In this community ✓ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town Liberty 0

(If outside city or town limits, write "RURAL") 0

(d) Street No. Route # 2 (If rural, give location)

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

If yes, name country ✓ 0

3. (a) PRINT FULL NAME REBECCA JANE DEMASTERS

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced 2 Widow

6. (b) Name of husband or wife Jackson P. DeMasters

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

7. Birth date of deceased Dec. (Month) 19 (Day) 1871 (Year)

8. AGE:

Years	Months	Days	If less than one day
71	1	14	hr. min.

9. Birthplace Orrick (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name Richard Adams

13. Birthplace (City, town, or county) England 4 (State or foreign country)

MOTHER

14. Maiden name Sarah Creason

15. Birthplace Orrick (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Roy DeMasters

(b) Address Liberty Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 5 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Mo

18. (a) Signature of funeral director Church Archer

(b) Address Liberty Mo

19. (a) 2-5-43 (Date received local registrar) (b) Mrs Sadie Redman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 3 day year 1943 hour 12 minute 05 P. M.

21. I hereby certify that I attended the deceased from Jan. 19, 1943, to Feb - 3, 1943 that I last saw her alive on Feb. 3, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Generic arteriosclerosis

Due to Fractured pelvis Oct. 1942 ✓

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy no

Duration

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) 024 ✓

(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 S R McCracken (M. D. or other)

Address Excelsior Spgs Date signed 2/3/43

1166

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number

Date Filed 3-4-43

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~~

, ~~Registered Apprentice No~~

~~working under my personal supervision~~.

Signed Edgar Archer

Licensed Embalmer No. 3311

P. O. Address Liberty

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

2B
1-41
29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6109

Registration District No. ..... Primary Registration District No. 3012 Registrar's No. .....

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution: Noonan Home Invalid.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay

(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 Rebecca J DeMastris

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

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

4. Sex F

5. Color or race W

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

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

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

7. Birth date of deceased Dec 19 - 1871
(Month) (Day) (Year)

8. AGE: Years 71 Months 1 Days 1 If less than one day ..... hr. ..... min.

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

10. Usual occupation .....

11. Industry or business .....

MOTHER FATHER
12. Name .....
13. Birthplace ..... (City, town, or county) (State or foreign country)

MOTHER FATHER
14. Maiden name .....
15. Birthplace ..... (City, town, or county) (State or foreign country)

16. (a) Informant .....
(b) Address .....

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation .....

18. (a) Signature of funeral director .....
(b) Address .....

19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3
year 1943 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....;
that I last saw h..... alive on ..... 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis General arteriosclerosis	
Due to: Fractured pelvis	
Due to: Oct 1942	
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) No.
(b) Date of occurrence she fell in oct 1942.
(c) Where did injury occur? At her home - Excelsior Spgs
(City or town) (County) (State)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? home
(Specify type of place)
While at work? home (c) Means of injury .....

23. Signature S R McCracken E (M. D. or other)
Address Excelsior Spgs Date signed 4/7/43

SUPPLEMENTARY