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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 10 1943

Registration District No. 132

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3021

6423

State File No.

Registrar's No. 34

1. PLACE OF DEATH:

(a) County: Grundy Co.

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

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

(d) Length of stay: In hospital or institution: 6 days (Specify whether years, months or days)

In this community: 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Grundy

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

(d) Street No.: 916 Washington (If rural, give location)

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

If yes, name country: —

3. (a) PRINT FULL NAME: MARTHA LONG MASON

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: FEMALE

5. Color or race: W

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: BUCK MASON

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

7. Birth date of deceased: July (Month) 19 (Day) 1853 (Year)

8. AGE: Years 89 Months 7 Days 7 If less than one day — hr. — min.

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

10. Usual occupation: Housewife

11. Industry or business: Home

MOTHER FATHER

12. Name: Long

13. Birthplace: Virginia (City, town, or county) (State or foreign country)

14. Maiden name: Sarah Ann Ford

15. Birthplace: Lewis Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: Nina Ewing

(b) Address: 910 Washington St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 28, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation: Maple Grove

18. (a) Signature of funeral director: Dean Funeral Home

(b) Address: Trenton, Mo

19. (a) Feb 27, 1943 (Date received local registrar) (b) L. D. Roberts (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26 year 1943 hour 10:30 minute A.M.

21. I hereby certify that I attended the deceased from Feb 20, 1943, to Feb 26, 1943, that I last saw her alive on 2-26-, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Influenza - Gastro-Intestinal Type	7 da.
Due to:	
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: O. R. Rook (M. D. or other)

Address: Trenton Mo. Date signed 2/27/43

1332 (Licensed Embalmer's Statement on Reverse Side)

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

Myself, Registered Apprentice No.

working under my personal supervision.

Signed Rayne A Dennis

Licensed Embalmer No. 3424

P. O. Address Trenton, 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.