

FILED MAR 30 1943

Registration District No. 573

Primary Registration District No. 5226

Registrar's No. 59

19
8
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Cass Co.
 (b) City or town Grandview, Mo., Mount Pleasant
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: no
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: _____ (Specify whether)
 In this community 2 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass Co.
 (c) City or town Grandview Mo., Rural
 (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 HESTER, ADELINE MASTERS
 3. (b) If veteran, name war no
 3. (c) Social Security No. no.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
 year 1943 hour 1 minute 30 M.
 21. I hereby certify that I attended the deceased from March 14
 1943 to Mar 21 1943
 that I last saw her alive on March 21 1943
 and that death occurred on the date and hour stated above.

4. Sex 7 5. Color or race W
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Charles Masters
 6. (c) Age of husband or wife if alive 82 years
 7. Birth date of deceased 8 3 18 61
 (Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage
 Due to General Arterio Sclerosis
Chronic Nephritis
 Due to _____
 Other conditions (include pregnancy within 3 months of death) 1318
 Major findings: Of operations none
 Of autopsy none

8. AGE: Years Months Days If less than one day
81 7 18 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Sharp

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

14. Maiden name Mary Elizabeth

15. Birthplace Crossland, Virginia
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary B. Bishop

(b) Address Grandview Mo.

17. (a) Burial (b) Date thereof 3 23 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheldon Mo.

18. (a) Signature of funeral director B. W. Sharp
 (b) Address Sheldon Mo.

19. (a) March 23, 1943 (b) Margaret Talle
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) no
 (b) Date of occurrence none
 (c) Where did injury occur? none
 (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) (e) Means of injury _____

23. Signature B. W. Sharp M.D. (M. D. or other) 0
 Address 1710 E. 55th St Date signed 3/21/43

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 Gerald Beeny
Licensed Embalmer No. 4203
P. O. Address Sheldon, 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.