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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
APR 30 1943

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 373 Primary Registration District No. 4544 Registrar's No. 17

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

**1. PLACE OF DEATH:**

(a) County Webster

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

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

(d) Length of stay: In hospital or institution About 10 hours (Specify whether

In this community About 10 hours years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 80 Greyhound Terminal (If rural, give location)

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

If yes, name country x

**3. (a) PRINT FULL NAME** Ralph Scott Masters

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years Approx 32 | Months x | Days x | If less than one day x hr. x min.

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

10. Usual occupation Bus driver

11. Industry or business Greyhound bus

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

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Papers on his person

(b) Address x

17. (a) Removal (Burial, ~~cremation, or removal~~) (b) Date thereof 3-19-43 (Month) (Day) (Year)

(c) Place: ~~burial or cremation~~ Maryville, Missouri

18. (a) Signature of funeral director Rex Ramey

(b) Address Marshfield, Missouri

19. (a) 4/2/43 (Date received local registrar) (b) [signature] (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 19 year 1943 hour 2:30 minute A.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.

Immediate cause of death — Duration

Auto. Wreck. — Chest bunny Crushed Internal Hemorrhage.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

170C-6

22

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) Accident

(b) Date of occurrence March 18-1943

(c) Where did injury occur? Hgh 66 2 miles N Niangua (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On public highway (Specify type of place)

While at work? Yes (e) Means of injury

23. Signature W F Schlicht (M. D. ~~or other~~) M.D.

Address Niangua Mo Date signed 3/19/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 443-524
Date Filed 4-29-43

MAY 18 1943

FEB 2 1943

JUL 21 1952

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**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 [illegible]
Licensed Embalmer No. B312
P. O. Address Marshfield, 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.**