

MAY 24 1943
Registration District No. 293

Primary Registration District No. 4-154

Registrar's No.

68

1. PLACE OF DEATH:

(a) County Laclede
 (b) City or town Greenfield
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Gowan hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days
 (Specify whether
 In this community 5 years
 years, months or days)

3. (a) PRINT FULL NAME Katie Mason

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex female 5. Color of hair white 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife 6. (c) Age of husband or wife if

7. Birth date of deceased September 28 1876
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 0 5 hr. min.

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

10. Usual occupation Housewife11. Industry or business Home

12. Name Isaac Readwell
 13. Birthplace Tennessee
 (City, town, or county) (State or foreign country)

14. Maiden name Sarah Horton
 15. Birthplace Tennessee
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. R. W. Graves
 (b) Address Chandler Okla.

17. (a) removal (b) Date thereof 4-5-43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Merrell Ark.

18. (a) Signature of funeral director Ward Funeral Home
 (b) Address Greenfield, Mo.

19. (a) April 4 43 (b) Phyllis Lack
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede
 (c) City or town Greenfield
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2 miles N. E. GREENFIELD
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2
 year 1943 hour minute M.

21. I hereby certify that I attended the deceased from 3-20-43
 to 4-2-43, 1943

that I last saw her alive on 4-2-43, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of liver + gall bladder
 Due to

Due to 468
 Other conditions 468
 (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?

While at work? (Specify type of place) (b) Means of injury

23. Signature Sh. O. Cowan (M. D. or other)
 Address Greenfield Mo Date signed 4-7-43

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

MOTHER FATHER

10902

RECEIVED

District Health Officer No. 6,

District File Number 543-645

Date Filed MAY 20 1943

DEC 22 1943

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

Sam B. Sinsney Jr.

Licensed Embalmer No. 4099

P. O. Address Greenfield 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.