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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

ED AUG 11 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3300

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Jackson City

(c) Name of hospital or institution North Jackson Hospital 309 Jackson
(If not in hospital or institution, write street number or location)

(d) Length of stay: 60 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wagoner

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

(d) Street No. 530 Everett St.
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Elias B. Masterston

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1943 hour 12 minute 35 P. M.

21. I hereby certify that I attended the deceased from June 15 1943 to 7-28 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 2 days

4. Sex M 5. Color or race W.

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

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

6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased Dec. 25-1861
(Month) (Day) (Year)

Due to Prostatitis 100

Due to Senility

Other conditions (include pregnancy within 3 months of death)

8. AGE Years Months Days If less than one day

81 7 7 — hr. — min.

9. Birthplace Olite, Ia. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Real Estate Broker

12. Name Jerry Masterston

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

14. Maiden name Kate Jackson

15. Birthplace Not known
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Myself Masterston

(b) Address W. Mansie Kansas

(c) Place: burial or cremation Spring Point, Ia.

18. (a) Signature of funeral director J. E. Brown

(b) Address 13. E. 15th

19. (a) 7-29-43 (b) J. E. Brown
(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) _____

(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)

(e) Means of injury _____

23. Signature John G. Henry (M. D. or other) do

Address 2105 Independence Ave. Date signed _____

Kansas City Mo.

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

copy 1 of original

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.....
W. C. Gibson

Licensed Embalmer No. 31355

P. O. Address.....
1500 S. 1st St. Oklahoma City, Okla.

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.