

FILED AUG 5 1943

Registration District No. 42

Primary Registration District No. 1002

Registrar's No. 736

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1204 1/2 South 10th Street /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
in this community 45 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1204 1/2 South 10th Street  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ANNA ELIZABETH MASON

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female / 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Lincoln Mason 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec. 11 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 6 19 hr. \_\_\_\_\_ min.

9. Birthplace St. Joseph Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name William Dienger

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

14. Maiden name unknown

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

16. (a) Informant Miss Margaret Mason

(b) Address St. Joseph, Mo.

17. (a) burial (b) Date thereof 7/3/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Heston Beyle & Bowman

(b) Address St. Joseph, Mo.

19. (a) 7/1/43 (b) Rose Heizer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30  
year 1943 hour \_\_\_\_\_ minute 9 A. M.

21. I hereby certify that I attended the deceased from June 5th  
40 to June 30, 1943,  
that I last saw er alive on April 1 st, 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death Broken compensation of mitral insufficiency Duration \_\_\_\_\_

Due to Mitral insufficiency 10 yrs

Due to \_\_\_\_\_

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations no operation

Of autopsy no autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no

(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 M.D.

23. Signature St. Meluney (M. D. or other) \_\_\_\_\_  
Address 401 Ballinger Bldg. Date signed 7-1-43

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

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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..... *Frank A. Bennett*

Licensed Embalmer No. *1710*

P. O. Address *St. Joseph, 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.**