

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 20 1943

Registration District No. 204

Primary Registration District No. 3043

Registrar's No. 182

1. PLACE OF DEATH:

(a) County Marion
 (b) City or town Harrisburg
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St Elizabeth's
(If not in hospital or institution, write street number or location)
 (d) Length of stay: in hospital or institution _____
(Specify whether)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Marion
 (c) City or town Palmira
(If outside city or town limits, write "RURAL")
 (d) Street No. Rural
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Albert G. Mason

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married. 2 divorced WIDOWED

6. (b) Name of husband or wife ANNA 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 6, 1860
(Month) (Day) (Year)

8. AGE: Years 82 Months 10 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

MOTHER FATHER

11. Industry or business _____

12. Name William A. Mason

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

14. Maiden name Elizabeth Stewart

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

16. (a) Informant E. H. Mason

(b) Address Palmira, MO

17. (a) Burial (b) Date thereof June 29-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary, E. 1/2 Sec 24, MO

18. (a) Signature of funeral director James O'Donnell

(b) Address Harrisburg - MO

19. (a) 6-28-43 (b) R. H. Connor
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
 year 1943 hour _____ minute 10:30 P.M.

21. I hereby certify that I attended the deceased from June 1 1943 to June 26 1943
 that I last saw him alive on June 28 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriovascular renal Duration ?

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 13/a

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)
 (e) Means of injury _____

23. Signature A. H. Connor (M. D. or other) _____

Address Harrisburg MO Date signed June 28, 1943

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

54537

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 Michael J. O'Connell
Licensed Embalmer No. 5246
P. O. Address Hannibal, 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.