

49. Acc. 7. S. No. 2 ROOM-2-43 5-17-30 I X35697

36929

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 361

Primary Registration District No. 6227

Registrar's No.

1. PLACE OF DEATH:

(a) County Vernon

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

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

(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)

In this community 1
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon

(c) City or town Rural-Deerfield Township
(If outside city or town limits, write "RURAL")

(d) Street No. Deerfield Township
(If rural, give location)

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

3. (a) PRINT FULL NAME Rush E. Mason

3. (b) If veteran, name war None

3. (c) Social Security No. 499-22-083

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30th year 1943 hour 2 minute 30 P.M.

4. Sex Male

5. Color or race W.

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

6. (b) Name of husband or wife Gracie Mason

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Oct 29 1895
(Month) (Day) (Year)

I hereby certify that I attended the deceased from 1943 to SEPT 30 1943

that I last saw him alive on Sept 30 1943 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>47</u>	<u>11</u>	<u>1</u>	<u> </u> hr. <u> </u> min.

Immediate cause of death Coronary Occlusion 12 hrs

Due to Chronic Myocarditis 5 yrs

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

Other conditions Cirrhosis of liver 3 yrs
(Include pregnancy within 3 months of death)

10. Usual occupation Farming

11. Industry or business Farming

12. Name Augusta Mason

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

14. Maiden name Allen

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

Major findings: Of operations 93d

Of autopsy 93d

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. R. G. Mason

(b) Address Nevada, Mo. R.F.D. 1

17. (a) Burial (b) Date thereof Oct. 3, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deerwood Cem

18. (a) Signature of funeral director Allen V. Stump

(b) Address Nevada, Mo.

19. (a) Oct 7, 1943 (b) Wm. W. Charles
(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) (c) Means of injury

23. Signature Wm. W. Charles Date signed 10/14/43
Address Nevada, Mo

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

MOTHER FATHER

1225

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 10-43-1192

Date Filed 11-8-43

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 Mack A. Braswell

Licensed Embalmer No. 2529

P. O. Address Nevada 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.