

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

FILED JAN 14 1944

State File No.

Registration District No. 20

Primary Registration District No. 5446

Registrar's No. 114

1. PLACE OF DEATH:

(a) County Kent - Cooper Inf.

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

(c) Name of hospital or institution: 1 Rural
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community life time
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Greene 38

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME Judith Kay Masner

3. (b) If veteran, name war V

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11
year 1943 hour 4 minute A M.

21. I hereby certify that I attended the deceased from Dec. 8
1943 to Dec 11, 1943
that I last saw her alive on Dec 11, 1943
and that death occurred on the date and hour stated above.

4. Sex W

5. Color or race W.

6. (a) Single, widowed, married, divorced. 0

6. (c) Age of husband or wife if alive 5 years
(Day) (Year)

7. Birth date of deceased March 5 - 1943
(Month) (Day) (Year)

Immediate cause of death Pneumonia
TYPE V

Duration _____

8. AGE: Years 0 Months 9 Days 5 If less than one day
hr. _____ min. _____

Due to _____

Due to _____

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

9. Birthplace Stanbury MO 0
(City, town, or county) (State or foreign country)

10. Usual occupation Genic

11. Industry or business none

Major findings: V

Of operations _____

Of autopsy L

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

MOTHER FATHER

12. Name Louis Masner

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

14. Maiden name VERMA MILLER

15. Birthplace Stanbury MO 0
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following: L

(a) Accident, suicide, or homicide (specify) V

(b) Date of occurrence V

(c) Where did injury occur? L
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place) _____ (e) Means of injury L

23. Signature E. W. Williamson (Date received local registrar) 12/13/43
Address Stanbury MO Date signed 12/13/43

16. (a) Informant Louis Masner

(b) Address Stanbury MO

17. (a) Bossell (b) Date thereof 12/13/43
(Burial, cremation, or reinterment) (Month) (Day) (Year)

(c) Place: burial or cremation Stanbury MO

18. (a) Signature of funeral director Edw. H. Phillips

(b) Address Stanbury MO

19. (a) 12/13/43 (b) Hubert M. Masner
(Date received local registrar) (Registrar's signature)

110K

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

Henry F. Phillips

Licensed Embalmer No. *1898*

P. O. Address *Staubery, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. *Jon.*

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County *DeWitt*
(b) City or town *Rural*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(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)

3. (a) PRINT FULL NAME *Edith K. Messner*

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

4. Sex *F* 5. Color or race *W* 6. (a) Single, widowed, married, divorced *S*

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

7. Birth date of deceased *Jan 5 1900*
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day, hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____ (City, town, or county) (State or foreign country)

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (Date received local registrar) (b) _____ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Dec* Day *11* Year *1942* hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to *Pneumonia* _____

Due to *Influenza* _____

Due to _____

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

Major findings: Of operations *33a*

Of autopsy _____

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 *Charles J. Williamson* _____ (City or town) _____

Address *DeWitt Mo* _____ Date signed *1-15-42*

SUPPLEMENTARY

Duration
7 day
7 day

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

5-42214