

FILED JAN 13 1943

Registration District No. 0040

Primary Registration District No. 5725

Registrar's No. 119

1. PLACE OF DEATH:

(a) County Macon

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

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

(d) Length of stay: In hospital or institution 3 years
(Specify whether years, months or days)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon

(c) City or town Macon Rural
(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 _____

3. (a) PRINT FULL NAME heal 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, divorced married

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

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased 12-26-1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

84	11	9	hr. _____ min.
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9. Birthplace Macon Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Charles Henry Mason

13. Birthplace Chariton Co. Mo
(City, town, or county) (State or foreign country)

14. Maiden name Candy Robinson

15. Birthplace Macon Co. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant John Mason

(b) Address Macon, Mo.

17. (a) Rural (b) Date thereof 12-7-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ethel Mo

18. (a) Signature of funeral director W. E. Edwards

(b) Address Beverly Mo

19. (a) 12/9/43 (b) Opie B. Dunkle
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 5
year 1943 hour 6 minute A M.

21. I hereby certify that I attended the deceased from 1940 to Dec. 1943
that I last saw him alive on Dec. 4 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral arterio-sclerosis 2 yrs +

Due to Generalized arterio-sclerosis 10 yrs +

Due to _____

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

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: 97

Of operations _____

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? 5 (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 T. J. Turner (M. D. or other) _____
Address Macon Mo Date signed 12-7-43

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

1037

RECEIVED
District Health Officer No. 10
District File No. 7-44-140
Date Filed JAN 12 1944

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 *H. S. Edwards*

Licensed Embalmer No. 1961

P. O. Address. *Beverly, 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.