

Registration District No. 8/1944

Primary Registration District No. 3000

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Grim - Smith
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 hours
(Specify whether
In this community Life in Knox County
years, months or days)

3. (a) PRINT FULL NAME Bruce Edward Mason
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased Nov - 23 - 1860
(Month) (Day) (Year)

8. AGE: Years 83 Months I Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Stephen H. Mason
13. Birthplace uk Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Eliza Swann
15. Birthplace Knox County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant R. A. Grunk

(b) Address Edina, Missouri

17. (a) Burial (b) Date thereof Jan-6-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harmony, -Knox County

18. (a) Signature of funeral director Karl Hudson

(b) Address Edina, Missouri

19. (a) 1/6/44 (b) Dr. J. L. Wagner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 52
(a) State Missouri (b) County Knox
(c) City or town Edina - 7 Miles South.
(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 1 day 4
year 1944 hour 8 minute 20 A. M.

21. I hereby certify that I attended the deceased from Jan 3rd, 1944, to Jan 4, 1944;
that I last saw him alive on Jan 4, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 1 week

Due to _____

Due to _____

Other conditions arteriosclerosis heart disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
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) (c) Means of injury _____

23. Signature: George E. Grinn (M. D. or other) MD
Address Fitchville, Missouri Date signed 1-5-44

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

2-43
7-39
K35897

RECEIVED

District Health Officer No. 10

District File Number 2-44-292

Date Filed FEB 5 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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, Minn

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.