

FILED FEB 10 1944

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 4

14
1
2

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

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution: State Hospital No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 m 3 d
(Specify whether years, months or days)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

(c) City or town Belle
(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 James Mason

3. (b) If veteran, name (year) _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2
year 1944 hour 1-30 minute 10 P. M.

21. I hereby certify that I attended the deceased from 12-23-43, 19. to 1-2-44, 19.
that I last saw him alive on 1-2-44 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Hella Birdsong Mason

6. (c) Age of husband or wife if alive N/A years

7. Birth date of deceased: 1 Mar 1878
(Month) (Day) (Year)

Immediate cause of death Lobar Pneumonia Duration _____

Due to Influenza

Due to _____

8. AGE: Years 65 Months 10 Days 1 If less than one day _____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) 330

Major findings: Of operations _____

Of autopsy _____

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

9. Birthplace Gasconade County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Martin Mason

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

14. Maiden name St

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

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? _____

16. (a) Informant Friend

(b) Address Lucien's Bar

17. (a) Removal (b) Date hereof 1-3-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Park

18. (a) Signature of funeral director W. C. Cunningham

(b) Address Crema Mo.

19. (a) 1-3-1944 (b) Joe Marshall
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature George H. Reuss (M. D. or other) MA

Address Fulton Mo Date signed 1/3/44

1092 7th

FEB 18 1945

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 *W. C. Birmingham*
Licensed Embalmer No. *B 664*
P. O. Address *Vernon*

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.