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35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3969

FILED FEB 2 1944

Registration District No. [illegible] Primary Registration District No. 5959 Registrar's No. 41

83

1. PLACE OF DEATH
(a) County: Platte Co. Mo.
(b) City or town: Platte City Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Fair Twp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 84 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Platte
(c) City or town: Rural - Fair Twp.
(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: 0

3. (a) PRINT FULL NAME: Mrs. Ella E. DeMasters

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

4. Sex: Female 5. Color or race: White 6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~: Widowed

6. (b) Name of husband ~~or wife~~: A. R. DeMasters 6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased: Dec. - 8 - 1859 (Month) (Day) (Year)

8. AGE: Years: 84 Months: ____ Days: 21 If less than one day ____ hr. ____ min.

9. Birthplace: Platte Co. (City, town, or county) Missouri (State or ~~foreign country~~)

10. Usual occupation: Housewife

11. Industry or business: ____

FATHER
12. Name: Graham Turner
13. Birthplace: Ky. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Lucinda Muir
15. Birthplace: Platte Co. (City, town, or county) Missouri (State or ~~foreign country~~)

16. (a) Informant: Placeit DeMasters (Son)
(b) Address: Platte City Mo.

17. (a) Platte City (Burial, ~~cremation, removal~~) (b) Date thereof: Dec. 31 - 1943 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~: Platte City Cem.

18. (a) Signature of funeral director: Collins & Mitchell
(b) Address: Platte City Mo.

19. (a) 1-4-44 (Date received local registrar) (b) Mac Clay Siffee (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month: Dec. day: 30 year: 1943 hour ____ minute ____ M.

21. I hereby ~~certify that~~ I attended the deceased from December 27, 1943, to Dec. - 30 - 1943 that I last saw her alive on Dec - 29 - 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage (right side) paralysis, arm & and leg. — Duration

Due to: Arterio-sclerosis.

Due to: ✓

Other conditions: ✓ (Include pregnancy within 3 months of death)

Major findings: Of operations: None

Of autopsy: None made

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) (e) Means of injury: ✓

23. Signature: Lewis C. Calvert (M. D. ~~or other~~)
Address: Weston, Mo. Date signed: 1/4/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. Platte

District File Number 2-44-13

Date Filed 2-1-44

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 Rollins Mitchell Mortuary, Registered Apprentice No. working under my personal supervision.

Signed Rollins Nash-Mortuary

Licensed Embalmer No. 3947

P. O. Address Edgerton Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.