

No. 2
9-4-41
-17-39
X29484

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **10551**
Registrar's No. **113**

FILED APR 10 1944

Registration District No. **77**

Primary Registration District No. **3008**

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

1. PLACE OF DEATH:

(a) County **Callaway**

(b) City or town **Fulton**

(c) Name of hospital or institution: **State Hospital No. 1 2**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **11 days**
(Specify whether years, months or days)

In this community **11 days**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Shelby**

(c) City or town **Bethel**
(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 **W. L. Mason**

3. (b) If veteran, name war **OK**

3. (c) Social Security No. **OK**

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Harriet Mason**

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

7. Birth date of deceased **May 2 1866**
(Month) (Day) (Year)

8. AGE: Years **77** Months **10** Days **29** If less than one day hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Whitlip Mason**

13. Birthplace **Paris Ill**
(City, town, or county) (State or foreign country)

14. Maiden name **Susan McAniel**

15. Birthplace **Ark. Ill**
(City, town, or county) (State or foreign country)

16. (a) Informant **Record**

(b) Address _____

17. (a) **Burial** (b) Date thereof **4-3-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pleasant Grove**

18. (a) Signature of funeral director **Mellon + Barthelme**

(b) Address **Shelbyville Mo**

19. (a) **4-1-1944** (b) **Josie Mason**
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month **Mar** day **31** year **1944** hour **10-10** minute **10** M.

21. I hereby certify that I attended the deceased from **3/27/44** 19 to **3/31/44** 19
that I last saw him alive on **3/31/1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis**
Dysenteria

Due to _____

Due to _____

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

Major findings: _____
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? _____ (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 **George W. Reers** (M. D. or other) **MD**

Address **Fulton Mo** Date signed **3/31/44**

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

APR 18 1944

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 4-8-44

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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed W. Hawkins

Licensed Embalmer No. 3498

P. O. Address Shelburne, Vt.

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.