

FILED APR 5 1944

Registration District No. 57

Primary Registration District No. 4104

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

1. PLACE OF DEATH:

(a) County Cass  
(b) City or town West Line Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community all life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass  
(c) City or town West Line Mo.  
(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 CHARLES FRADRIK MASTERSON

3. (b) If veteran, name war: none  
3. (c) Social Security No. none

4. Sex Male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Hazel Margaret Masterson  
6. (c) Age of husband or wife if alive 52 years  
7. Birth date of deceased DEC. 4 1886  
(Month) (Day) (Year)

8. AGE: 57 Years 3 Months 12 Days  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace West Line Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Richard Masterson  
13. Birthplace Ky.  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary C. Arwood  
15. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Hazel Masterson  
(b) Address West Line Mo.

17. (a) Burial (b) Date thereof Mar. 18-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Idem wild

18. (a) Signature of funeral director Geo. E. Myers  
(b) Address Chapel and Funo.

19. (a) 3-17-44 (b) Margaret Valle  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16<sup>th</sup>  
year 1944 hour 6 minute 55 p.m.

21. I hereby certify that I attended the deceased from March 10, 1944, to March 16, 1944; that I last saw him alive on March 16, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Degeneration  
Due to Apoplexy

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 93d  
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)  
(a) Means of injury \_\_\_\_\_

23. Signature Dr. Carl E. Everett (M. D. or other) DD  
Address Harrisonville, Mo. Date signed 3/20/44

Duration

2 days

7 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

1047

**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 Geo. E. Myers

Licensed Embalmer No. 2517

P. O. Address Cleveland 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.**