

S. No. 2  
M-2-43  
5-17-39  
X35637

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10888**

FILED APR 10 1944  
Registration District No. **107**

Primary Registration District No. **5418**

Registrar's No. **11**

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

1. PLACE OF DEATH:

(a) County **Dunklin**

(b) City or town **Rural Cotton Hill Twp**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Tennessee** (b) County **Shelby** **930**

(c) City or town **Memphis**  
(If outside city or town limits, write "RURAL")

(d) Street No. **Route 1, Box 290.** **43**  
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No) **2**

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **John H. McMasters Jr.**

3. (b) If veteran, name war \_\_\_\_\_

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **14th**  
year **1944** hour **11** minute **45 AM**

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
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, **Single**

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **January 1 1924**  
(Month) (Day) (Year)

Immediate cause of death **Destruction of vital centers.**

Due to **Aircraft accident.**

8. AGE:	Years	Months	Days	If less than one day
	<b>20</b>	<b>2</b>	<b>13</b>	hr. _____ min. _____

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

Other conditions (Include pregnancy within 3 months of death) **173-8**

9. Birthplace **Memphis Tennessee**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Student**

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

Major findings:  
Of operations **---** **34**

Of autopsy **---**

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

MOTHER FATHER {

12. Name **John H. McMasters Sr.**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Sgt/Carpenter, Hq, MAAF,**

(b) Address **Malden, Missouri.**

17. (a) **Removal** (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memphis, Tenn.**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident 035**

(b) Date of occurrence **14 March 1944**

(c) Where did injury occur? **3 Mi. So. West of MAAF, Malden, Mo.**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Country**

While at work? **Yes** (Specify type of place) (e) Means of injury **---**

23. Signature **E. Mackey Hammett** (M: D. or other) **MD**  
Address **MAAF, Malden, Missouri** Date signed **3/14/44**

18. (a) Signature of funeral director **Ray General Home**

(b) Address **Malden, Missouri**

19. (a) **3-15-44** (b) **W.D. Elder**  
(Date received local registrar) (Registrar's signature)

1288

RECEIVED

District Health Office No. 2,

District File Number 44-525

Date Filed 4-6-44

MAY 12 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

*J. D. Schuman*

Licensed Embalmer No. 4086

P. O. Address Malden

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.