

No. 2
-2-43
5-17-39
1 X3567

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11611

State File No.

FILED APR 7 1944

Registration District No. 243

Primary Registration District No. 4364

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Newton

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

(c) Name of hospital or institution:
Cardwell 0
(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) 18 the most to 2 1/2

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Delaware

(c) City or town Grove
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 2

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Mae Mason

20. DATE OF DEATH: Month March day 22
year 1944 hour 12 minute 25 P.M.

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

21. I hereby certify that I attended the deceased from 3-17 1944 to 3-22 1944
that I last saw her alive on 3-22 1944
and that death occurred on the date and hour stated above.

4. Sex fe 5. Color or race W 6. (a) Single, widowed, married, divorced M

Immediate cause of death:
Suppurative tonsillitis
Gallbladder
Due to Gallstones
Due to Peritonitis

6. (b) Name of husband or wife if Mason 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Dec 27 1886
(Month) (Day) (Year)

8. AGE: Years 57 Months 2 Days 24 If less than one day hr. _____ min. _____

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

9. Birthplace nowel MO
(City, town, or county) (State or foreign country)

Major findings: Of operations 126
Of autopsy _____

10. Usual occupation house keeper

11. Industry or business _____

12. Name Jeremiah Browning

13. Birthplace no
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Aldred

15. Birthplace no
(City, town, or county) (State or foreign country)

16. (a) Informant Mitchel Mason
(b) Address Grove Okla

17. (a) Rural (b) Date thereof 3-29-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buzzard Cemetery

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? _____

18. (a) Signature of funeral director W. B. Wesley
(b) Address Grove Okla

23. Signature Cardwell (M. D. or other) _____
Address Stella Mo Date signed 3/23/44

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

MOTHER FATHER

1317

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

4/5/44

District Health Officer No. -----

District File Number 444-69 -----

Date Filed 4/6/44 -----

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.....

Licensed Embalmer No.....

P. O. Address.....

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.