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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 6 1944

Registration District No. 2840

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18913

Primary Registration District No. 5965

Registrar's No. 35

1. PLACE OF DEATH:
(a) County PLATTE
(b) City or town RURAL - PRESTON
(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 years, months or days)
In this community LIFETIME

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County PLATTE
(c) City or town RURAL EDGERTON
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

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3. (a) PRINT FULL NAME TEATER MASONER, JR.

3. (b) If veteran, name war ✓

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 MINNIE MASONER

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

7. Birth date of deceased 11 (Month) 12 (Day) 1866 (Year)

8. AGE: Years 77 Months 11 Days 15 If less than one day hr. min.

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

10. Usual occupation FARMER

11. Industry or business FARM

MOTHER FATHER
12. Name TEATER MASONER
13. Birthplace TENN. (City, town, or county) (State or foreign country)
14. Maiden name ELIZABETH TOBY
15. Birthplace TENN. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minnie Masoner
(b) Address Edgerton Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-29 44 (Month) (Day) (Year)
(c) Place: burial or cremation Ridgley Cem.

18. (a) Signature of funeral director Virlan R. Nash
(b) Address Edgerton Mo.

19. (a) 5-8-44 (Date received local registrar) (b) Mrs Clay Suffee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month apr. day 27th year 1944 hour 9.45 P.M. minute M.

21. I hereby certify that I attended the deceased from Oct. 16, 1943, to apr. 19, 1944; that I last saw him alive on Apr. 19, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy and infirmities of old age

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature J. A. Robinson (M. D. or ~~other~~)
Address Edgerton, MO. Date signed 5-8-44

1209

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. Platte Co.
District File Number 6-44-53
Date Filed 6-3-44

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 Vivian R. Nash

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 with the above constitutes grounds for revocation of license.)

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