

FILED JUN 22 1944
Registration District No. 199

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson,
(b) City or town Kansas City,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
217 West 38th Street,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NO.
(Specify whether
In this community 36 years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson,
(c) City or town Kansas City,
(If outside city or town limits, write "RURAL")
(d) Street No. 217 West 38th Street,
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Mrs. Fredonia Field Mastin

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

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Reubin Mastin 6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased December 18 1848
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>95</u>	<u>5</u>	<u>13</u>	hr. min.

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

10. Usual occupation at home,

11. Industry or business X

12. Name Elias Field,

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

14. Maiden name Susan McKinney

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

16. (a) Informant Mrs. Herschel Mastin,

(b) Address 217 W. 38th St., K. C., Mo.

17. (a) Burial (b) Date thereof 6-2-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 6-2-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st
year 1944 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from June 1st 1939 to June 1st 1944,
that I last saw her alive on June 1st 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage Duration 4 Hrs
Due to Age and Nephritis 5 yrs

Due to

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None / 31/5
Of operations None

Of autopsy None

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 0
Eugene Garbarough (M. D. or other)
Address Bienville Bldg Date signed 6-2-44

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

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Dr. Eugene Carbaugh

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 *John H. Hurley*.....

Licensed Embalmer No. *4050*.....

P. O. Address *Kansas City 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.