

FILED OCT 24 1944
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4129

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: K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day 12 hrs.
(Specify whether years, months or days)
In this community Jackson County 30 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 48
(c) City or town Buckner (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? // (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Naomi Masterson

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 Married
6. (b) Name of husband or wife Forrest Masterson 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Oct. 27th 1894
(Month) (Day) (Year)

8. AGE: Years 49-50 Months 11 Days 16 If less than one day hr. _____ min. _____

9. Birthplace Texas Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Martin
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Lulu Cobbel
15. Birthplace Rollo Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Forrest Masterson

(b) Address Buckner Missouri.

17. (a) Removal (b) Date thereof 10-14 -1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buckner Missouri

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address Kansas City, Mo.

19. (a) 10-13-44 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13 year 1944 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from Oct. 12, 1944 to Oct. 13, 1944; that I last saw her alive on Oct. 13, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy See above

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(c) 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)
(c) Means of injury _____

23. Signature D. E. Upsher (M.D.)
Address Med. Dir. Gen'l Hosp. Date signed 10-13-44

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

47
33
29

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. 35-89
P. O. Address H. C. 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.