

35572

State File No. _____

FILED NOV 8 1944
 Registration District No. 205

Primary Registration District No. 0240

Registrar's No. 25

1. PLACE OF DEATH:
 (a) County Washington
 (b) City or town Rural Harmon
 (c) Name of hospital or institution: Eschmel mo.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Washington
 (c) City or town Rural 110
 (If outside city or town limits, write "RURAL")
 (d) Street No. Eschmel mo. 3
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME James W. Mason
 3. (b) If veteran name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept. day 25
 year 1944 hour 12 minute 30 P.M.
 21. I hereby certify that I attended the deceased from 8-15
 _____, 1944 to 9-25, 1944
 that I last saw him alive on 9-22, 1944
 and that death occurred on the date and hour stated above.

0
 4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Artie M. Mason 6. (c) Age of husband or wife if alive 56 years
 7. Birth date of deceased Jan. 11 1890
 (Month) (Day) (Year)

Immediate cause of death Valvular heart lesion. Duration _____
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy _____

8. AGE: Years Months Days If less than one day
54 8 14 hr. min.

9. Birthplace Crawford Co. Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name James Mason
 13. Birthplace Katona Texas
 (City, town, or county) (State or foreign country)

14. Maiden name Ritona Lucas
 15. Birthplace W. Virginia
 (City, town, or county) (State or foreign country)

16. (a) Informant Joseph W. Mason
 (b) Address Eschmel mo.

17. (a) Rural (b) Date thereof 9-27-44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Eschmel mo.

18. (a) Signature of funeral director C. L. Sparks
 (b) Address Paterson Mo.

19. (a) 10-20-44 (b) Elba W. Hill
 (Date received local registrar) (Registrar's signature)

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?
 While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature Joseph L. Thurman (M. D. or other)
 Address Patton, Mo. Date signed 10/2-44

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

10
 00
 0

810

RECEIVED

District Health Officer No. 4

District File Number 1144-4483

Date Filed 11-4-44

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

Everett Sparks

Licensed Embalmer No. 4287

P. O. Address Flat River

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.