

S. No. 2
M-8-43
y. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37542

State File No. _____

FILED NOV 28 1944

Registration District No. 17

Primary Registration District No. 3016

Registrar's No. 257

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution:
309 West Mc Carty
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 29 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

(c) City or town Jefferson City 5
(If outside city or town limits, write "RURAL")

(d) Street No. 309 West Mc Carty St. 4
(If rural, give location)

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

3. (a) PRINT FULL NAME Julian Key Mason

3. (b) If veteran, name war no

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ethie 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Jan. 25, 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

66 9 17 hr. min.

9. Birthplace Hickory Grove, Ky. (City, town, or county) (State or foreign country)

10. Usual occupation Guard

11. Industry or business _____

12. Name James E. Mason

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

14. Maiden name Angetine Key

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

16. (a) Informant Mrs. Ethie Mason

(b) Address Jefferson City, Mo.

Funeral & Removal (b) Date thereof 11/16/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mayfield Ky.

18. (a) Signature of funeral director Arthur Breacher

(b) Address Jefferson City, Mo.

19. (a) 11-15-44 (b) Therese Richter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12
year 1944 hour 1 minute 25 M.

21. I hereby certify that I attended the deceased from 8-11-44 to Nov 12 44
that I last saw him alive on Nov 11-44 and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Car. (Cancer)
Ca of apilla

Due to _____

Due to _____

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

Major findings: Of operations 552

Of autopsy _____

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 Edw Manning (M. D. or other) _____
Address Jefferson City Mo Date signed 11-14-44

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

MOTHER FATHER

RECEIVED

District Health Officer No. 9;

District File Number _____

Date Filed 11-25-44

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 Vecto Buncher

Licensed Embalmer No. 3701

P. O. Address Jefferson 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.