

S. No. 2  
4-1-4-41  
7. 5-17-39  
PI X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

38991

State File No. \_\_\_\_\_

FILED NOV 20 1944

Registration District No. 3480

Primary Registration District No. 615 34804

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Stoddard

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

(c) Name of hospital or institution none  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

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

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Mashuk

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8  
year 1944 hour 12 minute 50 A. M.

21. I hereby certify that I attended the deceased from Oct. 7 1944 to Oct. 8 1944  
that I last saw her alive on Oct. 8 1944  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Name of husband or wife Frank Mashuk 6. (c) Age of husband or wife if alive 3 years  
3 (Month) 1872 (Day) (Year)

Immediate cause of death Chronic myocarditis + Endocarditis

Due to Senility

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years 72 Months 4 Days 5  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Joseph Sedbeck

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

14. Maiden name not known

15. Birthplace not known  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Thelma Rhodes

(b) Address Advance, Mo.

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof Oct 11, 1944  
(Burial, cremation, or reposal) (Month) (Day) (Year)

(c) Place: burial or cremation Morgan Memorial

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director W. S. Morgan

(b) Address Advance, Mo.

19. (a) Nov. 8, 44 (b) M. P. Thruvick  
(Date received local registrar) (Registrar's signature)

23. Signature E. C. Mastus (M. D. or other) Dr.

Address Advance, Mo. Date signed Oct 20 44

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

0300

1131

RECEIVED

District Health Office No. 2,

District File Number 1144-155

Date Filed 11-17-44

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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.....

Lloyd S. Morgan, Registered Apprentice No. ....  
working under my personal supervision.

Signed

Lloyd S. Morgan

Licensed Embalmer No. 5361

P. O. Address Advance, 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.**