

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **19**

1. PLACE OF DEATH:
 (a) County **Jackson, Kansas City**
 (b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution **3632 Charlotte**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **no.** (Specify whether years, months or days)
 In this community **91 years**

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. **3632 Charlotte**
(If rural, give location)
 (e) Citizen of foreign country? **no.** (Yes or No)
 If yes, name country **X**

3. (a) PRINT FULL NAME **Mrs. Sallie Masters**
3. (b) If veteran, name war **no.** **3. (c) Social Security No.** **no.**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **January** day **2**
 year **1945** hour **2:50** minute **A.** M.

4. Sex **Female** **5. Color or race** **White**
6. (a) Single, widowed, married, divorced, Widowed,
6. (b) Name of husband or wife **Moses Madison Masters** **6. (c) Age of husband or wife if alive** **dec.** years
7. Birth date of deceased **July 22 1853**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **1932**
 19... to **Jan. 2**, 1945
 that I last saw her alive on **Dec. 30**, 1944
 and that death occurred on the date and hour stated above.
 Immediate cause of death **Cardiac Failure** Duration 20 yrs.

8. AGE: Years **91** Months **5** Days **11**
 If less than one day **hr.** **min.**

Due to **Hypertension** 20 yrs.
Myocardial Regurgitative 56 yrs.
gout. Senile changes years

9. Birthplace **Missouri** (City, town, or county) (State or foreign country)
10. Usual occupation **at home**

Other conditions **92-10**
(Include pregnancy within 3 months of death)

11. Industry or business **X**
12. Name **Marcus Scholl**
13. Birthplace **Virginia** (City, town, or county) (State or foreign country)
14. Maiden name **Eveline Collins**
15. Birthplace **Kentucky** (City, town, or county) (State or foreign country)

Major findings:
 Of operations **92-10**
 Of autopsy **92-10**
PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Proctor M. Masters**
(b) Address **3632 Charlotte, Kansas City, Mo.**
17. (a) **Burial** (Burial, cremation, or removal) **(b) Date thereof** **1-4-45** (Month) (Day) (Year)
(c) Place: burial or cremation **Independence, Missouri**
18. (c) Signature of funeral director **Stine & McClure,**
(b) Address **3235 Gillham Plaza, K. C. Mo.**
19. (a) **1-3-45** (Date received by registrar) **(b) D. C. Brown** (Registrar's signature)

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** **Q**
23. Signature **Harold M. Roberts** (M. D. or other) **M. H.**
 Address **1103 Grand, K.C., Mo.** Date signed **1-2-45**

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

Dr. Harold M. Roberts

Prof. H. M. Roberts

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 *E. M. Plank*.....

Licensed Embalmer No. *1848*.....

P. O. Address *74. 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.