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M—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 19 1945

Registration District No. 39

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4095

State File No. 5807

Registrar's No. 24

1. PLACE OF DEATH:

(a) County CASS

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

(c) Name of hospital or institution:
Not in hospital. At Home.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Does not apply (Specify whether
In this community Life.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Cass. 19

(c) City or town Drexel. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME HENRIETTA M. LAND.

3. (b) If veteran, name war none.

3. (c) Social Security No. none.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Chas. E. Land.

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased June, (Month) 15, (Day) 1882. (Year)

8. AGE: Years 62 | Months 7 | Days 23 | If less than one day ___ hr. ___ min.

9. Birthplace Miami County, (City, town, or county) Kansas. (State or foreign country)

10. Usual occupation Household duties.

11. Industry or business At Home.

FATHER
12. Name George W. Masterson
13. Birthplace (City, town, or county) Kentucky. (State or foreign country)

MOTHER
14. Maiden name Martha Turley.
15. Birthplace (City, town, or county) Kentucky. (State or foreign country)

16. (a) Informant Mrs. Beulah Elliott
(b) Address Drexel, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/1945 (Month) (Day) (Year)
(c) Place: burial or cremation Sharon Cemetery.

18. (c) Signature of funeral director [signature]
(b) Address Drexel, Missouri.

19. (a) 2/8/45. (Date received local registrar) (b) Margaret Tolle (Registrar's signature)

1047

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8th year 1945 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from Dec 11, 1944, to Feb. 8, 1945 that I last saw her alive on Feb. 8, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Caecum

~~Due to~~ Generalized Abdominal Carcinomatosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 46

Of autopsy

Duration 2 1/2 yrs

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 Basil Hartwell (M. D. ~~or other~~)

Address Drexel, Missouri. Date signed 2/8/45

(Licensed Embalmer's Statement on Reverse Side)

MAY 20 1946

MAY 21 1946

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, personally ~~Registered Apprentice No.~~ ~~working under my personal supervision~~.

Signed [signature]

Licensed Embalmer No. 1950

P. O. Address Drexel 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.