

FILED JUN 12 1945

State File No. _____

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Dunklin

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days 33 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Dunklin

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

(d) Street No. 507 College
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Elah Miles Masterson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 21
year 1945 hour 10 minute 30 a.m.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife J.H. Masterson

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased July 9 1888
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 1943 to April 10 1945
that I last saw her alive on April 9 1945
and that death occurred on the date and hour stated above.

8. AGE: Years 56 Months 9 Days 17 If less than one day _____ hr. _____ min.

Immediate cause of death Coronary Thrombosis
Hypertension 10 years

Due to _____

Due to _____

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

9. Birthplace Liax Mo
(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.

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Charles R. Miles

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

14. Maiden name Calyabath Donkman

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

16. (a) Informant J.H. Masterson

(b) Address 507 College St Kennett MO

17. (a) Burial (b) Date thereof 4-23-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Ceme

18. (a) Signature of funeral director L. H. ... Co

(b) Address Kennett MO

19. (a) 5-4-45 (b) Julia Blankenship
(Date received local registrar) (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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature George ... (S. or other) _____

Address ... Kennett MO Date signed 4-24-45

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

35

RECEIVED
District Health Office No. 2
District File Number 645-1
Date Filed 6-6-45

JUN 26 1945

JUL 11 1945

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 *Walter A. Hawpers*
Licensed Embalmer No. *2002*
P. O. Address *Kennett 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.