

S. No. 2  
OM-8-43  
v. 5-17-39  
I X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED** AUG 18 1945  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28676**

Registration District No. **331** Primary Registration District No. **4499** Registrar's No. **55**

1. PLACE OF DEATH:  
(a) County Shelby  
(b) City or town Shelbina Salt River Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Simpson Hospital - 3 wks 1 day  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 wks - 1 day  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Shelby  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Jackson Township  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CHARLES EDWARD MASON  
(b) If veteran, name war no  
(c) Social Security No. no

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 23  
year 1945 hour One minute 15 A.M.  
21. I hereby certify that I attended the deceased from June 30  
1945 to July 23, 1945  
that I last saw him alive on July 23  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Velma Mason  
(c) Age of husband or wife if alive 55 years  
7. Birth date of deceased March 12 1886  
(Month) (Day) (Year)

Immediate cause of death: tuberculosis of intestines  
Due to Lymph Gland Infection  
Biopsy Examinator  
Due to \_\_\_\_\_  
Duration \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: 15  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

8. AGE: Years \_\_\_\_\_ Months 4 Days 11  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Ill (City, town, or county) (State or foreign country)  
10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_  
12. Name Stephen Douglas Mason  
13. Birthplace Ill (City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Perrygo  
15. Birthplace Ill (City, town, or county) (State or foreign country)

16. (a) Informant Velma Mason  
(b) Address Shelbina Mo.  
17. (a) Rural (b) Date thereof July 25 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Rossall Cemetery  
18. (a) Signature of funeral director George Givan  
(b) Address Shelbina Mo.  
19. (a) 7 24143 (b) Wedge Looch  
(Each 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?  
(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature L Simpson (If not other) \_\_\_\_\_  
Address Shelbina Mo. Date signed July 24 45

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

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

020

RECEIVED  
District Health Officer No. 10  
District File Number 8-45-1303  
Date Filed AUG 16 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 ME  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed George J. Sivan  
Licensed Embalmer No. 1754  
P. O. Address Hammerville 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.