

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36298**
Registrar's No. **4795**

Registration District No. **149** Primary Registration District No. **1002**

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

1. PLACE OF DEATH
(a) County **Jackson**
(b) City or town **Kaiser Hill**
(c) Name of hospital or institution: **Little Sisters Home for the Aged (Home)**
(d) Length of stay: **35 years**
In this community **35 years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kaiser Hill**
(d) Street No. **2523 Spruce**
(e) Citizen of foreign country? **(Yes or No)**
If yes, name country.

3. (a) PRINT FULL NAME **Ursley Ann Masters**
(b) If veteran, name war **none**
(c) Social Security No. **None**

4. Sex **Female** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife **unknown**
6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **March 17 1853**

8. AGE: Years **97** Months **8** Days **3**
If less than one day hr. min.

9. Birthplace **Mount City, Missouri**
10. Usual occupation **Housewife**

11. Industry or business
12. Name **Daniel Muderhill**
13. Birthplace **Scotland**
14. Maiden name **Unknown**
15. Birthplace **Scotland**

16. (a) Informant **Mrs. A. L. Shephard, Mo.**
(b) Address **2320 Jackson, K.C. Missouri**
17. (a) **removal** (b) Date thereof **11-21-45**
(c) Place: burial or cremation **Highland Park, K.C. Missouri**

18. (a) Signature of funeral director **W. A. Miller**
(b) Address **100 Kaiser**
19. (a) **11-22-45** (b) **Geraldine Holmes**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov** day **20** year **1945** hour **5** minute **45** P.M.
21. I hereby certify that I attended the deceased from **Sept 15** to **NOV 20**, 19**45**
that I last saw her alive on **NOV 16**, 19**45**
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial pneumonia**
arteriosclerosis
myocardium
Due to **arteriosclerosis & myocardium**
Due to **arteriosclerosis & myocardium**
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations **no**
Of autopsy **no**

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?
(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 **John Thayer** (M. D. or other)
Address **1105 Grand** Date signed **11-21-45**

Duration **3 days**
year
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

M. J. Swisher

Licensed Embalmer No.

3505

P. O. Address

Kansas City Kansas

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.