. S. No. 2
0M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 38697

FILED 05 12 1945

Registration District No. 324 Primary Registration District No. 6093 Registrar's No. 172

**1. PLACE OF DEATH:**

(a) County Saline

(b) City or town Marshall, Mo. Marshall

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

(c) Name of hospital or institution: R.R. 4

(If not in hospital or institution, write street number or location)

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

In this community 23 Years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Saline 97

(c) City or town Marshall 0

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

(d) Street No. R.R. 4 0

(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME George Logan Masters

3. (b) If veteran, name war #

3. (c) Social Security No. 495-07-2295

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Bertha Adna Mullins

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

7. Birth date of deceased Jan. 3 (Month) 1886 (Day) (Year)

8. AGE: Years 64 Months 10 Days 22 If less than one day hr. min.

9. Birthplace St. Joseph (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Leather Supply Man

11. Industry or business International Shoe Factory

FATHER
12. Name Peter Masters
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Nancy Ann Wilson
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Clarence Masters

(b) Address Marshall, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/27/45 (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park Cemetery

18. (a) Signature of funeral director J. Leslie Sussex

(b) Address Marshall Mo.

19. (a) 11-29-45 (Date received local registrar) (b) Mrs T. Weatherbrook (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 25 year 1945 hour 11:00 minute a. M.

21. I hereby certify that I attended the deceased from 1 Sept. 20, 1945, to Nov. 25, 1945; that I last saw him alive on Nov. 25, 1945 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Right cerebral hemorrhage | 10 weeks |
| Due to Arterial hypertension | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy

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 [illegible] M.D. (M. D. or other)

Address Marshall Mo. Date signed 11-28-45

1213

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8.
District File 24 Feb 45
Date Filed

APR 9 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, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed J. Leslie Sussney
Licensed Embalmer No. 3235
P. O. Address Marshall, 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.**