S. No. 2
0M—2-43
v. 5-17-39
I X35597

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. 41675

FILED JAN 11 1946

Registration District No. 17 31

Primary Registration District No. 3036

Registrar's No. 126

55
1
1

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution: 120 East Tindall 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 50 yr
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55

(c) City or town Aurora, Mo 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME THOMAS-MASTERSON.

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased July 8 (Month) 1875 (Day) (Year)

8. AGE: Years 70 Months 5 Days 24 If less than one day ..... hr. ..... min.

9. Birthplace Ill (City, town, or county) 1 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Jerry Masterson
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Sarah Washburger
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Myra Masterson 1
(b) Address 120 East Tyndall

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/45 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park Aurora Mo

18. (a) Signature of funeral director Oscar L. Marsh
(b) Address Aurora Mo

19. (a) 12-31-45 (Date received local registrar) (b) Ora McNatt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 29
year 1945 hour 4 minute 30 p. M.

21. I hereby certify that I attended the deceased from after death, 19..., to ..., 19...;
that I last saw h..... alive on ..., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Severed Jugular vein right side

Due to being pulled into wood saw by getting right

~~Due to~~ hand caught in saw

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) accident

(b) Date of occurrence 12/29/45 55

(c) Where did injury occur? Aurora (City or town) Lawrence (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at Home
(Specify type of place)

While at work? yes (e) Means of injury 5

23. Signature Herman Surridge Coroner (M. D. or other)

Address Aurora Mo Date signed 12/29/45

1465

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 146-11
Date Filed JAN 8 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 Myself, Registered Apprentice No. ....., working under my personal supervision.

Signed Oscar L. Marsh

Licensed Embalmer No. 3812

P. O. Address Aurora 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.