

No. 2
1-2-43
5-17-39
X 35697

FILED FEB 11 1946
Registration District No. **1002**

Primary Registration District No. **1002**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
1121

1. PLACE OF DEATH:

(a) County **Jackson,**
Kansas City

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

(c) Name of hospital or institution:
7426 Wayne /
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution **5 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson, MO**

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

(d) Street No. **7426 Wayne**
(If rural, give location)

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

If yes, name country **X**

3. (a) PRINT FULL NAME **Mrs. Fennie H. Masterson,**

3. (b) If veteran, name war **no.**

3. (c) Social Security No. **no.**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **27**
year **1946** hour **11:15** minute **P.** M.

4. Sex **female/** 5. Color or race **white**

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

6. (b) Name of husband or wife **John Masterson**

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

7. Birth date of deceased **April 1 1870**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan. 21 1946** to **Jan 27 1946**
that I last saw him alive on **Jan 27 1946**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

75	9	26	hr. min.
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Immediate cause of death **Bronchial pneumonia**

9. Birthplace **Kentucky /**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home,**

Due to **Chronic Asphyxia**

Due to **Artificial Edema**

11. Industry or business **X**

12. Name **John H. Hayden**

13. Birthplace **Kentucky /**
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Jane Harrison**

15. Birthplace **Kentucky /**
(City, town, or county) (State or foreign country)

Other conditions **107**
(Include pregnancy within 3 months of death)

16. (a) Informant **Mrs. Thomas G. Brannon,**

(b) Address **7426 Wayne, Kansas City, Mo.**

17. (a) **removal** (b) Date thereof **1-29-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Carrollton, Kentucky**

Major findings:
Of operations **107**

Of autopsy

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

18. (a) Signature of funeral director **Stine & McClure,**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **1-29-46** (b) **Geraldine Palmer**
(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? **X** (Specify type of place) (c) Means of injury

23. Signature **John Jones** (M. D. or other)

Address **FO & P. 20** Date signed **1/27/46**

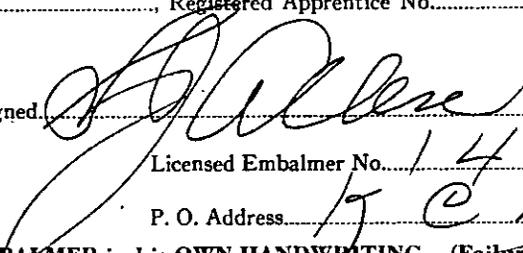
Dr. George H. Jones

80. Parker

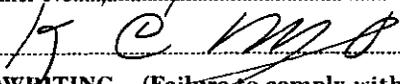
STATEMENT BY LICENSED EMBALMER

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 .....

Licensed Embalmer No. 1415

P. O. Address 

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.