

S. No. 2
4-8-43
5-17-39
P 1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2363

Registrar's No. 10

FILED FEB 13 1946

Registration District No.

Primary Registration District No. 5183

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
6
3
0
373

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Byrd Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: near Jackson Mo 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 Entire life
years, months or days

3. (a) PRINT FULL NAME LIZZIE HAMAN MASON

3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife William Mason 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Aug 22, 1885
(Month) (Day) (Year)

8. AGE: Years 60 Months 4 Days 27 If less than one day hr. _____ min. _____

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

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Henry Haman

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Owen Estes
(b) Address Jackson Mo

17. (a) Burial (b) Date thereof Jan 23-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park
(d) Signature of funeral director D. G. Miller

(e) Address _____
(f) Signature of registrar D. G. Miller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Rural Byrd Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. near Jackson Mo
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19
year 1946 hour 7 minute 00 AM.

21. I hereby certify that I attended the deceased from 1-15 to 1-19, 1946; that I last saw her alive on 1-19, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Coronary Thrombosis with Infarction
Due to _____
Due to Coronary Artery disease
Arterio-sclerotic hyper-tension
Other conditions leissemia
(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) _____
(b) Date of occurrence Jan 23-46
(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? ✓ (Specify type of place) (e) Means of injury _____

23. Signature Oliver M. Estes (M. D. or other) MD
Address Jackson Mo Date signed 1-22-46

45

RECEIVED

District Health Officer No. 4

District File Number 246-1748

Date 2-11-46

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. E. Graham

Licensed Embalmer No. 4010

P. O. Address Buttsville, 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.