

FILED JAN 25 1946

3132

Registration District No. 172

Primary Registration District No. 4272

Registrar's No. _____

1. PLACE OF DEATH

(a) County Lafayette
(b) City or town Waverly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Life years, months or days

3. (a) PRINT FULL NAME Linwood Joseph Masterson
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Males 5. Color or race Whit 6. (a) Single, widowed, married, divorced, Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____
7. Birth date of deceased April 16th 1873
(Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Rural Bates Co. Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name John D. Masterson

13. Birthplace Macon Co. Missouri (City, town, or county) (State or foreign country)

14. Maiden name Sallie S. Jones

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

16. (a) Informant Mrs C.W. Landrum (Sister)

(b) Address Waverly Missouri

17. (a) Burial (b) Date thereof Dec 31-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waverly Mo Cem.

18. (a) Signature of funeral director Merle H. Finner Home

(b) Address Carrollton Missouri

19. (a) Jan 2-1946 (b) Clayton St. Landrum
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lafayette
(c) City or town Waverly (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29th
year 1945 hour 10 minute 19 A.M.

21. I hereby certify that I attended the deceased from 10 30, 1945 to 12 29th, 1945;
that I last saw him alive on 12-28, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death cardio vascular Renal Reseul Duration 11 Mo

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 131a

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Geo H. Kelley (M. D. or other) _____

Address Waverly Mo Date signed 1-2-46

101008 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 27 1945

JAN 29 1945

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

John A. Cantlon

Licensed Embalmer No. *4287*

P. O. Address: *Cantlon, 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.