

S. No. 2  
M-5-43  
v. 5-17-39  
P 1 X38671

**FILED** APR 10 1946

State File No. 1484

Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 1484

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3400 E 14th St. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution NO (Specify whether)  
In this community 18 yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3400 E 14th St. 8  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Frederick Mason

3. (b) If veteran, name war No 3. (c) Social Security No. 492-14-6758

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Beulah Mason 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased 5/16/1883  
(Month) (Day) (Year)

8. AGE: Years 62 Months 10 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Paper hanger

11. Industry or business Self

MOTHER FATHER

12. Name Nicholas Mason 9

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

14. Maiden name Unk

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

16. (a) Informant Guy Mason

(b) Address 3400 E 14th St.

17. (a) Burial (b) Date thereof 3/28/46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Lee's SUMMITT Mo

18. (a) Signature of funeral director John P. Sheil

(b) Address Kansas City, Mo

19. (a) 3-28-46 (b) Heraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 26  
year 1946 hour 7 minute 55 A.M.

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

Immediate cause of death Cornary Insufficiency  
Due to slow return

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: 94 W  
Of operations \_\_\_\_\_

Of autopsy no delay + inspection  
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 3

23. Signature JAMES W. BELL (M. D. or other) \_\_\_\_\_  
Address 1524 1/2 Date signed 3-27-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
8467

5' 11"

160 #

Blue eyes

Gray hair

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**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 P. Sheil*

Licensed Embalmer No. 3625

P. O. Address. 15640

**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.**