

FILED MAY 8 1946

Registration District No. 47

Primary Registration District No. 5757

Registrar's No. 157

1. PLACE OF DEATH:
 (a) County Callaway
 (b) City or town Portland Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Citywide
 (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

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Callaway 14
 (c) City or town Portland 1
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) 0
 (e) Citizen of foreign country? No (Yes or No) 0
 If yes, name country _____

3. (a) PRINT FULL NAME Lee Mason
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced 0
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: Feb. 5 1874
 (Month) (Day) (Year)

8. AGE: Years 72 Months 2 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation Smith

11. Industry or business _____

MOTHER, FATHER
 { 12. Name Thomas Mason
 { 13. Birthplace D.K. 9
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Margaret Hay
 { 15. Birthplace Portland Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant John Mason
 (b) Address Portland, Mo.

17. (a) Burial (b) Date thereof Thurs April 11 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Portland, Mo.

18. (a) Signature of funeral director Glen Y. Maynard

(b) Address 712 Com. Fulton Mo

19. (a) 4-18-1946 (b) Joie M. Moulthrop
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 15
 year 1946 hour 2 minute 15 A.M.
 21. I hereby certify that I attended the deceased from 4-14 to 4-15-46
 and that death occurred on the date and hour stated above.
 that I last saw him alive on 4-14 1946

Immediate cause of death Cerebral Hemorrhage
Arteriosclerosis
& Hypertension
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy g70
 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)
 Did injury occur in or about home, on farm, in industrial place, in public place?
 (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature W. O. Payne (M. D. or other)
 Address R. A. 6 Fulton Date signed 4/15/46

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

11352

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-7-46

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 Glenn Y. Mangin
Licensed Embalmer No. 2725
P. O. Address Fulton, 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.