

FILED MAY 9 1946

Registration District No. **107**

Primary Registration District No. **3019**

1. PLACE OF DEATH:

(a) County **Dunklin**
(b) City or town **Kennett**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
403 King 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 **Life**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Dunklin**
(c) City or town **Kennett**
(If outside city or town limits, write "RURAL")
(d) Street No. **403 King St.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Jessie Thomas Masterson**

3. (b) If veteran, name war **World 1**
3. (c) Social Security No. **489-12-8281**

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

6. (b) Name of husband or wife **Chie Masterson**
6. (c) Age of husband or wife if alive **29** years

7. Birth date of deceased **Feb 12 - 1894**
(Month) (Day) (Year)

8. AGE: Years **52** Months **2** Days **17**
If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business **Farmer**

12. Name **Tom Masterson**

13. Birthplace **Unknown Ill**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown Ill**
(City, town, or county) (State or foreign country)

16. (a) Informant **Chie Masterson**

(b) Address **403 King St Kennett Mo**

17. (a) **Burial** (b) Date thereof **4-30-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Ridge**

18. (a) Signature of funeral director **Leah 2nd Co**
(b) Address **Kennett Mo**

19. (a) **5-2-1946** (b) **Earl Hudson**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4** day **29**
year **1946** hour **7** minute **15** A. M.

21. I hereby certify that I attended the deceased from **April 29 46** to **April 29 46**
that I last saw him alive on **April 29 46**
and that death occurred on the day and hour stated above.

Immediate cause of death **Coronary Thrombosis**
Due to **Hypertension 5 years**
Duration **4 hrs**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **None**

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 **George Gilman DO**
Address **Kennett Mo** Date signed **5-2-46**

11640
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 16 1946

RECEIVED

District Health Office No. 2,

District File Number 546-571

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

Walter C. Hopkins

Licensed Embalmer No. 2002

P. O. Address

Ken net me

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.