. S. No. 2
30M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Davis

State File No. 17513

Registration District No. 244 Primary Registration District No. 3-834 Registrar's No.

1. PLACE OF DEATH
(a) County NEWTON
(b) City or town RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: SHOAL CREEK TWP. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County NEWTON 73
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. SHOAL CREEK TWP.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ELMER LEE MASON
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex MALE 0
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased APRIL (Month) 27 (Day) 1873 (Year)
8. AGE: Years 73 Months 0 Days 8 If less than one day hr. min.
9. Birthplace GREEN Co. (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation RETIRED
11. Industry or business
FATHER
12. Name JAMES MASON
13. Birthplace TENNESSEE (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name GOSS
15. Birthplace MISSOURI 0 (City, town, or country) (State or foreign country)
16. (a) Informant Randolph Mason
(b) Address Sarcoxie Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Springfield Mo.
18. (a) Signature of funeral director Carey Thompson
(b) Address Neosho Mo.
19. (a) May 6th (Date received local registrar) (b) Mrs. Allie Parnell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 5 year 1946 hour 8 minute P. M.
21. I hereby certify that I attended the deceased from May 5, 1946 to May 5, 1946 that I last saw him alive on May 5 — 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Paul E Davis (M. D. or other) MD
Address Neosho Mo. Date signed 5/6/46

222 (Licensed Embalmer's Statement on Reverse Side)

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 George R. Trammell, Registered Apprentice No. 391, working under my personal supervision.

Signed Corley Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho 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.