

No. 2
-5-43
-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 29 1946
STANDARD CERTIFICATE OF DEATH

24623

State File No. _____

Registration District No. 250 Primary Registration District No. 4422 Registrar's No. 29

1. PLACE OF DEATH: PLATTE
(a) County PLATTE
(b) City or town EDGERTON Parson
(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 LIFETIME years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County PLATTE 83
(c) City or town EDGERTON 0
(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 _____

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 29th
year 1946 hour Nine P.M. minute 20 P.M.
21. I hereby certify that I attended the deceased from Jan. 19 -
_____ 1946 to Apr. 22 - 1946
that I last saw her alive on Apr. 22 - 1946
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased MARCH 19 71
(Month) (Day) (Year)

Immediate cause of death Heart failure Duration _____
Due to Chronic myocardial insufficiency
Due to old age

8. AGE: Years Months Days If less than one day
75 2 3 hr. min.

Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: Of operations _____ 95"
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace EDGERTON Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation HOUSEKEEPER
11. Industry or business HOME
12. Name William H. DEARMOND
13. Birthplace RED KEY INDIANA 1
(City, town, or county) (State or foreign country)
14. Maiden name MARTHA EABEL BURNETT
15. Birthplace EDGERTON MISSOURI
(City, town, or county) (State or foreign country)

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 John A. Robinson (M.D. or other) _____
Address Edgerton, MO. Date signed 5-31-46

16. (a) Informant Bessie Masoner
(b) Address Edgerton Mo.
17. (a) burial (b) Date thereof 5-24-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Redkey Cemetery
18. (a) Signature of funeral director Rollins - Nash
(b) Address Edgerton Mo.
19. (a) 5-31-46 (b) Wm. Ophelia Rollins
(Date received local register) (Registrar's signature)

257 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER, FATHER

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.....

not embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Vivian R. Mack

Licensed Embalmer No.....

3947

P. O. Address.....

Edgerton 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.