S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 3 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27249

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3581

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: General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 hours (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence 4
(If outside city or town limits, write "RURAL")

(d) Street No. 803 W. Van Horn Rd 4
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Anna Mary Masters

3. (b) If veteran, name war > no

3. (c) Social Security No. 493-12-1988

4. Sex Female

5. Color or race wh.

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July (Month) 1 (Day) 1866 (Year)

8. AGE: Years 80 Months 1 Days 12 If less than one day hr. min.

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

10. Usual occupation Bookkeeper & Cashier

11. Industry or business Indep. Examiner

FATHER
12. Name Meredith C. Masters
13. Birthplace Nicholsville Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Caroline Leader
15. Birthplace Penn. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Carolyn C. Fitzgerald
(b) Address 903 W. White Oak

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 16-46 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Ott & Mitchell
(b) Address 310 N. Main St Indep. Mo.

19. (a) 8-19-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 13. year 1946 hour 9 minute 10 P.M.

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

Immediate cause of death Deputy Coroner Skull Fracture

Due to Auto Trauma

Due to (2 car collision)

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1700 1-8 22

Of autopsy See Above

Duration

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) Accident 123

(b) Date of occurrence 8/13/46

(c) Where did injury occur? Kansas City Mo (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? No (e) Means of injury Trauma

23. Signature A. E. Ussher (M. D. or other)

Address 2800 Main Date signed 8/13/46

(Licensed Embalmer's Statement on Reverse Side)

MAY 21 1948

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 me

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

working under my personal supervision.

Signed Henry D. Mitchell

Licensed Embalmer No. 3925

P. O. Address Independence 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.