

Registration District No. 120 Primary Registration District No. 5446

1. PLACE OF DEATH:

(a) County Gentry

(b) City or town Rural Cooper Township
(If outside city or town limits, write "RURAL" and name of township)

(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 Gentry 38

(c) City or town Darlington, Mo. Rural
(If outside city or town limits, write "RURAL") 0

(d) Street No. Cooper Township
(If rural, give location) 0

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT Granville Dennis Mastin
FULL NAME

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Straussie Mastin 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 23 1884
(Month) (Day) (Year)

8. AGE: Years 62 Months 4 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation farmer

11. Industry or business _____

12. Name Amos Mastin

13. Birthplace Lincoln Shire England 4
(City, town, or county) (State or foreign country)

14. Maiden name Asenath Steves

15. Birthplace Muscataine Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Dudley A. Mastin

(b) Address Darlington, Missouri

17. (a) Burial (b) Date thereof Oct. 13 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rouse

18. (a) Signature of funeral director Blufford Burke

(b) Address Albany, Missouri

19. Oct 18 - 1946 (Date received from registrar) James M. Mastin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10 year 1946 hour found about 10 AM

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Shot gun wound.

Due to suicide

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: _____

1 Of operations _____

Of autopsy 164

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence Oct 10 1946 Co

(c) Cooper Township Gentry Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home on farm
(Specify type of place)

While at _____? _____ Means of injury shot gun

23. Signature Joseph N. Williams (M. D. or other) _____

Address Gentry Mo Date signed Oct 10 - 46

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

MOTHER FATHER

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 Jeffrey Brooks

Licensed Embalmer No. 3329

P. O. Address Albany 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.