S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9262

Registration District No. 119 Primary Registration District No. 1002 Registrar's No. 1494

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: Cleveland Rest Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3½ months (Specify whether years, months or days)
In this community 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 2523 Waldron 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Frank J. MASON

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

3. (c) Social Security No.: none

4. Sex: male

5. Color or race: white

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

6. (b) Name of husband or wife: Aley Mason

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

7. Birth date of deceased: January (Month) 25, (Day) 1868 (Year)

8. AGE: Years 79 Months 2 Days 4 If less than one day hr. min.

9. Birthplace: Orick (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Truck Driver (retired)

11. Industry or business: Standard Oil Company

FATHER
12. Name: John Mason
13. Birthplace: --- (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name: Mary H. Davis
15. Birthplace: Parkville, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mr. A. J. Mason
(b) Address: 2523 Waldron, K.C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-1-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cem.

18. (a) Signature of funeral director: Mellody-McGilley-Eylar
(b) Address: Kansas City, Missouri

19. (a) 3-31-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 29 year 1947 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from March 28, 1947, to March 29, 1947; that I last saw him alive on Mar 28, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	3 days
Due to: Arterio sclerosis	5 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 94	
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)
While at work? (Specify type of place) (e) Means of injury 0

23. Signature: John M Powers (M. D. or other) MD
Address: 3304 Linwood Date signed 3/31/47

(Licensed Embalmer's Statement on Reverse Side)

Dr. Powers
3304 Linwood
Wa. 9244

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 Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.