

FILED APR 29 1947

State File No. _____

Registration District No. 137

Primary Registration District No. 4249

Registrar's No. 9

1. PLACE OF DEATH:
 (a) County Jefferson
 (b) City or town Jefferson
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Cape Love Nursing Home 4
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 months
 (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Jefferson 50
 (c) City or town Jefferson 5
 (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 FRANK MASON
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Apr. day 16
 year 1947 hour 10 minute 8 M.
 21. I hereby certify that I attended the deceased from 3-22-47
 _____, 19____, to 4-14- 1947;
 that I last saw him alive on 4-14- 1947;
 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death Carcinoma bronchogenic, or of esophagus. Duration 1 year.
 Due to _____
 Due to _____
 Other conditions marked malnutrition due to above! 1 year.

8. AGE: Years 80 Months 1 Days 11 If less than one day _____ hr. _____ min.

Major findings? Of operations H&E PHYSICIAN _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

9. Birthplace Kentucky (City, town, or county) (State or foreign country)
 10. Usual occupation retired

11. Industry or business _____
 12. Name Mulsum
 13. Birthplace Mulsum (City, town, or county) (State or foreign country) 9
 14. Maiden name Mulsum
 15. Birthplace Mulsum (City, town, or county) (State or foreign country) 9

16. (a) Informant J. Lewis
 (b) Address Jefferson Mo.

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 C

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 17 1947 (Month) (Day) (Year)
 (c) Place: burial or cremation City Cemetery, Sedato Mo
 18. (a) Signature of funeral director Donald B. ...
 (b) Address Sedato Mo.
 19. (a) 4-18-47 (Date received local registrar) (b) Thomas A. Donnell (Registrar's signature) 1111

23. Signature Thomas A. Donnell (M. D. or other) M.D.
 Address Sedato, Mo. Date signed 4-17-47

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

50
 0
 0

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.

Not Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.