

S. No. 2
DM-5-43
v. 5-17-39
I. X36571

State File No. _____

FILED AUG. 19 1947

Registration District No. _____

Primary Registration District No. 3010

Registrar's No. 247

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

16
14

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Family Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution all life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cape Girardeau

(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")

(d) Street No. Padre Vista
(If rural, give location)

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

3. (a) PRINT FULL NAME Andrew Jackson Masters

3. (b) If veteran, name war ✓

3. (c) Social Security No. _____

5. Color or race W

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Lena

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased: June 2 1867
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 year 1947 hour 10 minute 10 P. M.

21. I hereby certify that I attended the deceased from July 26 1947 to July 29 1947.
that I last saw him alive on July 29 1947.
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>1</u>	<u>27</u>	hr. _____ min. _____

Immediate cause of death: Ca of Pancreas Duration 1 year

Due to ✓

Due to ✓

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

9. Birthplace: Cape Gir Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business _____

12. Name: John Masters

13. Birthplace: Ballinger Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name: Caroline Shell

15. Birthplace: Ballinger Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant: Hazel King

(b) Address: Cape Gir Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 1 47
(Month) (Day) (Year)

(c) Place: burial or cremation: Municipal Park

Major findings: Of operations ✓

Of autopsy ✓

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

(a) Accident, suicide, or homicide (specify) no

(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 Herman (M. D. or other) Mo
Address: Cape Girardeau Mo Date signed 8/12/47

18. (a) Signature of funeral director: J. G. Russell

(b) Address: Cape Gir Mo

19. (a) 8-13-1947 (Date received local registrar)

(b) C. C. Sumner (Registrar's signature) 1111

RECEIVED

District Health Officer No. 4

District File Number 847-1064

Date Filed 8-18-47

JUN 20 1949

JUN 21 1949

MAY 18 1949

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 EV. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau

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.