

FILED AUG 28 1947

State File No. _____

Registration District No. 180

Primary Registration District No. 5672

Registrar's No. 46

1. PLACE OF DEATH:

(a) County LINCOLN
(b) City or town RURAL - Burr Oak
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1 mile east of FOLEY /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LINCOLN 57
(c) City or town Rural -
(If outside city or town limits, write "RURAL")
(d) Street No. 1 mile east of FOLEY
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME LESLIE CLYDE MASTERS ON

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month AUG. day 13
year 1947 hour 08 minute _____ P.M.

4. Sex MALE 5. Color or race W 6. (a) LEGAL SEPARATION

21. I hereby certify that I attended the deceased from JULY 28,
1947, to AUG 12, 1947;
that I last saw him alive on AUG 12, 1947;
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife ELSIE MASTERSON 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased JULY 1895
(Month) (Day) (Year)

Immediate cause of death HYPOSTATIC PNEUMONIA RT - Duration 3 days

8. AGE: Years 52 Months 1 Days 7 If less than one day hr. min.

Due to HEPATIC CERRHOSIS (BANTON'S DISEASE) 1 year

9. Birthplace BENVILLE ILLINOIS
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation TRUCKING AND FARMING

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business _____

Major findings: Of operations _____

12. Name Geo. A. Masterson
13. Birthplace BENVILLE ILL.
(City, town, or county) (State or foreign country)

Of autopsy _____

14. Maiden name Maudie Schenberger
15. Birthplace Benville ILL.
(City, town, or county) (State or foreign country)

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

16. (a) Informant Juanita Parker
(b) Address Elsberry, Mo.

(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? _____

17. (a) Burial (b) Date thereof 8-16-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cosynth - Foley, Mo.

While at work? (Specify type of place) _____
(e) Means of injury _____

18. (a) Signature of funeral director Paula...
(b) Address Elsberry, Mo.

23. Signature E. S. Berry (M. D. or other) MD.
Address ELS BERRY, MO. Date signed 8/13/47

19. (a) 8-16-47 (b) J. C. Heunlich
(Date received local registrar) (Registrar's signature)

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

7
0
0

Date Filed 8-27-47

District File Number

District Health Officer No. 9,

RECEIVED

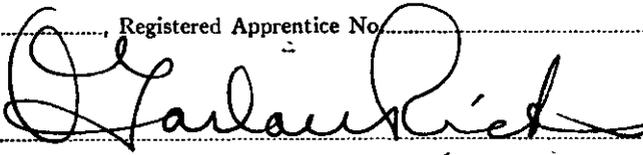
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

Registered Apprentice No.

Signed.....



Licensed Embalmer No.

4012

P. O. Address.....

Elsberry, 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, above space should be left blank.