. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 25 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31013

Registration District No. 137 — Primary Registration District No. 4213 — Registrar's No. 193

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry 42
(c) City or town Montrose (If outside city or town limits, write "RURAL") 0
(d) Street No. ..... (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME CLARENCE, REED, McMASTERS
3. (b) If veteran, name war no
3. (c) Social Security No. (495-07-65-81) (495-07-65-81)
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Katie McMasters
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Aug (Month) 8 (Day) 1875 (Year)

8. AGE: Years 72 Months 1 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace West (City, town, or county) Va. (State or foreign country) 1
10. Usual occupation Salesman
11. Industry or business .....
FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name unknown 1
15. Birthplace unknown (City, town, or county) 6 (State or foreign country)
16. (a) Informant Katie McMasters 1
(b) Address Montrose Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-18-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Montrose Mo
18. (a) Signature of funeral director Consalus & Pick
(b) Address Clinton Mo
19. (a) 9-18-47 (Date received local registrar) (b) R.R. Kenney (Registrar's signature) 10.0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16 year 1947 hour 10 minute 8 M.
21. I hereby certify that I attended the deceased from Nov. 18, 1946 to Sept. 16, 1947; that I last saw him alive on Sept. 16, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Paralysis	
Due to: Cerebral hemorrhage	
Due to: Arterio-sclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 83A	
Of autopsy	

PHYSICIAN
Underline the cause of 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? ..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place) 0
While at work? ..... (e) Means of injury .....
23. Signature W. E. Baggerly (M. D. or other) MD
Address Montrose Mo Date signed 9-17-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 8-42-1129
Date Filed 9-24-47

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 R. R. Kenney.

Licensed Embalmer No. 3099

P. O. Address Clinton 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.