

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31330
Registrar's No. 3870

FILED SEP 23 1947

Registration District No. 149 Primary Registration District No. 1002

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:
Crestwood Conv. Home, 27th & Tracy 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hours
In this community 30 years (Specify whether years, months or days)

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. 5232 Euclid 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HAROLD MASTERS
3. (b) If veteran, name war W. W. #1 3. (c) Social Security No. None

4. Sex Ma 5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Erma B. Masters
6. (c) Age of husband or wife if alive 46 48 years
7. Birth date of deceased April 23 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 4 14 hr. min.

9. Birthplace Strong City Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Lawyer

11. Industry or business Name Charles R. Masters
12. Birthplace W. Virginia
(City, town, or county) (State or foreign country)
13. Maiden name Ida Hubert
14. Birthplace Germany 4
(City, town, or county) (State or foreign country)

15. Informant Mrs. Ida Masters
Address 5232 Euclid

16. Burial (Burial, cremation, or removal) (b) Date thereof 9-11-47
(Month) (Day) (Year)

17. Place of Burial or cremation Memorial Park
Signature of funeral director J. W. Wagner
Address Kansas City, Mo.

19. (a) 9-10-47 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 7th
year 1947 hour 3: minute 45 P. M.
21. I hereby certify that I attended the deceased from October 1946 to Sept 7 1947
that I last saw him alive on 9 Oct 7 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion 1 hr.
Due to Hypertension 1 year
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations no Of autopsy no
PHYSICIAN 940
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? (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 M. B. Caspell M.D. (Date) 9/8/47
Address 4000 Baltimore

Cop. by app. of Harold C. Stoltz

VA 5115

OCT 3 1947

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 *Alvin R. Haunsche*

Licensed Embalmer No. *4159*

P. O. Address *Kansas City*

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
County of Jackson SS.

State File No. _____
Local Registrar's No. 3870

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 29th day of September, 1947, before me appears Mrs.
Harold Masters, who, upon her oath, states that the original record of ~~birth~~ death
for Harold Masters, died Sept. 7, 1947, in the State of
Missouri, and which was filed at Tamworth City on 9/10, 1947, should be corrected as follows:

- Item No. 6(c) should read 48 years
Instead of _____ 46 years
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. Harold Masters Wife
Relationship. _____
5232 Euclid
Present Address.

Subscribed and sworn to before me this 29th day of 29th September, 1947.

My Commission expires Oct. 21, 1951 Barrie M. Ruppelius Notary Public.

S-31330