S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

41801

State File No.

FILED JAN 2 1948

Registration District No. 49

Primary Registration District No. 1002

Registrar's No. 5331

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

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: Grosse Rest Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 Days 1 (Specify whether
In this community 40 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 25 West Concord
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM EDWIN MAST
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Lucy H. Mast
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 6th. (Day) 1859 (Year)

8. AGE:

Years	Months	Days	If less than one day
88	8	11	hr. min.

9. Birthplace Burlington (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Retired
11. Industry or business Wall Paper
FATHER
12. Name W. E. Mast
13. Birthplace (City, town, or county) Pennsylvania (State or foreign country)
MOTHER
14. Maiden name Etna Anne Smith
15. Birthplace (City, town, or county) Iowa (State or foreign country)
16. (a) Informant Mrs. Reed Byers
(b) Address 25 West Concord
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 12-19-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Crematory
18. (a) Signature of funeral director Freeman Mortuary & Chapel
(b) Address 104 West 42nd. St. Kansas City, Mo.
19. (a) 12-19-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17
year 1947 hour 12 45 P.M. minute M.
21. I hereby certify that I attended the deceased from May 15, 1944, to Dec. 17, 1947
that I last saw him alive on Dec. 17, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic (Pulm. Lobar) Pneumonia	1 Day
Due to Myocarditis	2 yrs.
Due to Senility & Arteriosclerosis	10 yrs.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 108
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)
While at work? (e) Means of injury 0
23. Signature [signature] (M. D. or other)
Address 1010 Profm. Bldg. Date signed 12/17/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.