

FILED MAY 24 1948

Registration District No. 378

Primary Registration District No. 6286

Registrar's No. 16

1. PLACE OF DEATH:
(a) County Wright
(b) City or town Rural Mountain Grove (WOOD TWP)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Wright
(c) City or town Mtn. Grove (rural-wood Twp.)
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nora Jane Mason
(b) If veteran, name war _____ (c) Social Security No. _____

20. DATE OF DEATH: Month July day 31st
year 1947 hour 4 minute 50 A. M.

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George Mason 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased April 19 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June - 1 - 1947 to July 31 1947
that I last saw him alive on July 30 - 1947
and that death occurred on the date and hour stated above.
Immediate cause of death Diabetes
Duration _____

8. AGE: Years 73 Months 3 Days 12
If less than one day _____ hr. _____ min.

Due to _____
Due to _____

9. Birthplace Atwater Illinois
(City, town, or county) (State or foreign country)

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

10. Usual occupation Housewife

Major findings: Of operations 61
Of autopsy _____

11. Industry or business _____
12. Name William Westbrook
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Jane Woodson
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant George Mason
(b) Address Mountain Grove, Mo
17. (a) Burial (b) Date thereof 7/31/1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hill Crest Cemetery

23. Signature [Signature] (M. D. number) _____
Address [Address] Date signed 8/1/47

18. (a) Signature of funeral director [Signature]
(b) Address Mountain Grove, Missouri
19. (a) 5-4-48 (b) A.C. Ames
(Date received local registrar) (Registrar's signature)

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

2
5
39
47070

RECEIVED
District Health Officer No. 6,
District File Number S 48-617
Date Filed MAY 20 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 George Staffo
Licensed Embalmer No. 3161
P. O. Address Mt. Grove, Pa

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.