No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4038

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 197

1. PLACE OF DEATH:

(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 15 hours. (Specify whether years, months or days)
In this community: 50 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No.: 1118 N. 12th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Mary Lou Mason

3. (b) If veteran, name war: None

3. (c) Social Security No.: 500-09-2568

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Roy Mason

6. (c) Age of husband or wife if alive: 51 years

7. Birth date of deceased: February (Month) 12 (Day) 1892 (Year)

8. AGE: Years 56 | Months 0 | Days 1 | If less than one day: hr. min.

9. Birthplace: Bethany (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: John Sullivan
13. Birthplace: Unknown (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Annabell Lee Petrie
15. Birthplace: Unknown (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Records State Hosp #2
(b) Address: St. Joseph, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 16, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Auburn Cemetery

18. (a) Signature of funeral director: Walter Meierhoffer
(b) Address: 1946 Colhoun St., St. Joseph, Mo.

19. (a) 2-18-48 (Date received local registrar) (b) E. E. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13 year 1948 hour 5 minute 45 A.M.

21. I hereby certify that I attended the deceased from February 12, 1948, to February 13, 1948; that I last saw her alive on February 12, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerotic Heart Disease — Duration: 3 wks
Due to:
Due to: GSB
Other conditions (Include pregnancy within 3 months of death): Psychosis-Involutional melancholia — 10 days

Major findings:
Of operations:
Of autopsy: Cerebral arteriosclerosis, atherosclerosis of coronary arteries

PHYSICIAN — 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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: Delbert P. Johnson (M. D. or other) M.D.
Address: State Hospital #2 St Joseph, Mo Date signed 2/13/48

(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. Elbert C. Harrington

Licensed Embalmer No. 3258 Mo.

P. O. Address St. Joseph, 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.