No. 2
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X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 12 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8823

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 1356

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: St. Joseph Hosp. 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 days (Specify whether years, months or days) In this community 19 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Kansas (b) County: Crawford 997
(c) City or town: Pittsburg, Ks. 14 (If outside city or town limits, write "RURAL")
(d) Street No.: Dont Know 0 (If rural, give location)
(e) Citizen of foreign country? x no - (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME: Thomas Alva Mason
3. (b) If veteran, name war: x no.
3. (c) Social Security No. 513-09-5150
4. Sex: Male 0
5. Color or race: Wh.
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: Genevive
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Dec. 31 (Month) 1904 (Day) (Year)
8. AGE: Years 43 | Months 2 | Days ~~26~~ 25 | If less than one day hr. min.
9. Birthplace: Weir City, (City, town, or county) Kansas (State or foreign country) 1
10. Usual occupation: Brick Mason Tender
11. Industry or business: x
FATHER 12. Name: Thomas Lowell Mason
FATHER 13. Birthplace: x (City, town, or county) Mol (State or foreign country) 0
MOTHER 14. Maiden name: Effie May Wilson
MOTHER 15. Birthplace: x (City, town, or county) x unk (State or foreign country)
16. (a) Informant: Mrs. Susan Feagans
(b) Address: Pittsburg, Kansas
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/26/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Pittsburg, Ks.
18. (a) Signature of funeral director: Geo. F. Porter
(b) Address: 19th & Minnesota, KC. Ks.
19. (a) 3-27-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 26 day March year 1948 hour Noon minute M.
21. I hereby certify that I attended the deceased from Mar. 8, 1948, to Mar. 26, 1948, that I last saw alive on Mar. 25, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Sub-dural Hematoma	
Due to: Rt Fronto-Tempero-parietal	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Cerebral Thrombosis	

Major findings:
Of operations: 83 b
Of autopsy:

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 0

23. Signature: H. L. Carmichael Jr. (M. D. or other)
Address: K. C. Mo. Date signed 26 Mar. 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 .....

Howard L. Porter, Registered Apprentice No. .....,

working under my personal supervision.

Signed Howard L. Porter

Licensed Embalmer No. 3751

P. O. Address 19th & Minnesota
Kansas City, Ks.

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.