

FILED APR 9 1948

Registration District No. 238

Primary Registration District No. 4355

Registrar's No. 282

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0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town New Madrid
(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 _____ (Specify whether)
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County New Madrid
(c) City or town New Madrid
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 724
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Dannie Wayne Masters

3. (b) If veteran, name war _____ 3. (c) Social Security No.

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased June 26 - 1947
(Month) (Day) (Year)

8. AGE: Years 8 Months 09 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace New Madrid, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

12. Name Floyd Masters

13. Birthplace Malden, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Glenn Mason

15. Birthplace Green Co. Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant Floyd Masters
(b) Address New Madrid, Mo

17. (a) Buried (b) Date thereof 3-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Epigreen

18. (a) Signature of funeral director Richard J. Co

(b) Address New Madrid, Mo

19. (a) 3-31-48 (b) Helen Louise Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 25
year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 3/24 1948 to 3/25 1948;
that I last saw him alive on 3/25 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Due to measles

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

Major findings: Of operations 35
Of autopsy _____

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 0
23. Signature B. Allenstein (M. D. or other) M.D.
Address New Madrid Date signed 3/29/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No 2,

District File Number 448-449

Date Filed 4-5-48

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.....

Licensed Embalmer No.....

P. O. Address.....

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.