No. 2
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17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 22 1948

Registration District No. 6076

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11091

Primary Registration District No. 6076

Registrar's No. 642

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 Days (Specify whether years, months or days)
In this community: All life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County:
(c) City or town: Fordland
(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: James Percy MASTERSON
3. (b) If veteran, name war: World War II
3. (c) Social Security No.: Unknown
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Louise Masterson
6. (c) Age of husband or wife if alive: 28 years
7. Birth date of deceased: June 5, 1919 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
28	9	1	hr. min.

9. Birthplace: Rogersville, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: -
FATHER
12. Name: Harry Masterson
13. Birthplace: Greene County, Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Dora E. Sooter
15. Birthplace: Greene County, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant: Registrar, Vet. Adm. Hospital,
(b) Address: Jefferson Barracks, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 3/8/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Marshfield, Missouri
18. (a) Signature of funeral director: C. Hoffmeister L.&U. Co.
(b) Address: 7814 S. Broadway, St. Louis, Mo.
19. (a) 3-8-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6 year 1948 hour 3:28 minute P. M.
21. I hereby certify that I attended the deceased from March 4, 1948 to March 6, 1948; that I last saw him alive on March 6, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Brain Abscess	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: See Cause of Death	

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:
23. Signature: [illegible] (M. D. or Coroner)
D. J. ABRAMSON
Address: V.A. Hospital, Jeff. Brks., Mo. Date signed: 3/7/48

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

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 Louis C. Hoffmeister

Licensed Embalmer No. 8871

P. O. Address 7814 S. Broadwa

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.