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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 14 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11207

Registration District No. 285 Primary Registration District No. 6118 Registrar's No.

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Rural Sylvania Twnshp.
(c) Name of hospital or institution:
Painton R. F. D. #1
(d) Length of stay: In hospital or institution _____
In this community 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Scott
(c) City or town Rural
(d) Street No. Painton, Mo. R. F. D. #1
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME John S. Mason
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 1
year 1948 hour 5 minute 45 P.M.
21. I hereby certify that I attended the deceased from _____
that I last saw him _____ alive on _____, 19____, to _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Daisy Mason
6. (c) Age of _____ or wife if alive 61 years
7. Birth date of deceased April 16 1882

Immediate cause of death Myocarditis
Duration _____

8. AGE: Years 65 Months 11 Days 15 If less than one day hr. _____ min. _____

Major findings: 936
Of operations _____
Of autopsy _____

9. Birthplace Fredericktown Missouri

Due to _____
Due to _____
Other conditions _____

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Mason

13. Birthplace Tenn.

14. Maiden name Buelah Winder

15. Birthplace Mt. Vernon Ill.

16. (a) Informant Clyde Mason

17. (a) Burial (b) Date thereof 4 3 1948

(c) Place: burial or cremation Friend Cemetery

18. (a) Signature of funeral director Earl J. Smith

(b) Address Oran Mo.
19. (a) 4-30-48 (b) H. B. MacCready

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? _____
(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 3
23. Signature Darrell Taylor
Address Litton Mo. Date signed 4-5-48

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

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 Carl J. Smith

Licensed Embalmer No. 2676

P. O. Address Oron, Me.

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. April
10
Registrar's No. _____

Registration District No. 328

Primary Registration District No. 6118

1. PLACE OF DEATH:

(a) County Scott
(b) Rural
(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 _____
years, months or days

3. (a) PRINT FULL NAME John S. Mason

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife D. Mason 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased April 16
(Month) (Day) (Year)

8. AGE: Years 65 Months 4 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Mason

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

14. Maiden name Buelah Winder

15. Birthplace Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Clyde Mason
(b) Address Cape Girardeau, MO

17. (a) _____ (b) Date thereof 43 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friend Cemetery

18. (a) Signature of funeral director E. Smith
(b) Address Ill
19. (a) 4/30/48 (b) J.B. MacTersedy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Scott
(c) City or town Parsons Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R 70th
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from _____ to _____, 19____, and that death occurred on the date and hour stated above. Immediate cause of death myocarditis

Due to _____

Due to _____

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

Major findings: Of operations _____

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)
(c) Means of injury _____
23. Signature Orville Taylor (M. D. or other)
Address Sekeston, Ill

SUPPLEMENTARY

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

S-11207