S. No. 2
M—8-13
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 22 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13535

Registration District No. 257 Primary Registration District No. 5881 Registrar's No.

1. PLACE OF DEATH:

(a) County Osage

(b) City or town Belle R D (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jefferson Twp

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage 76

(c) City or town Rural 0 (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William McMaster

3. (b) If veteran, name war

3. (c) Social Security No. 488-01-6984

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Frances Conner

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased 2 (Month) 11 (Day) 1898 (Year)

8. AGE: Years 58 Months 1 Days 25 If less than one day hr. min.

9. Birthplace Rolla (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

MOTHER FATHER

12. Name Daniel J. McMaster

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

14. Maiden name Alice Spurgeon

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

16. (a) Informant Mrs. Francis McMaster

(b) Address Belle Mo R.1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-8-48 (Month) (Day) (Year)

(c) Place: burial or cremation Buck Elk

18. (a) Signature of funeral director Clyde Morton

(b) Address Linn Mo

19. (a) 4-8-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6 year 1948 hour minute M.

21. I hereby certify that I attended the deceased from Sept. 1, 1947 to 4-6, 1948 that I last saw him alive on 4-6, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis — Duration

Due to

Due to

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

Major findings: Of operations No operation

Of autopsy No 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

23. Signature C. A. Bunge M.D. (M. D. or other)

Address Bland Mo. Date signed 4-6-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed APR 21 1948

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 Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Lynn

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.