

Registration District No. 138

Primary Registration District No. 4219

Registrar's No. 21

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

1. PLACE OF DEATH:
 (a) County Hickory
 (b) City or town Weaubleau
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (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 Missouri (b) County Hickory 43
 (c) City or town Weaubleau 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No) 1
 If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM I. MASON

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Emma Mason 6. (c) Age of husband or wife if alive dec. years
 7. Birth date of deceased Sept. 12 1866
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>7</u>	<u>23</u>	hr. _____ min. _____

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

10. Usual occupation Butcher

11. Industry or business Slaughter House

12. Name Wick Mason

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

14. Maiden name unknown

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

16. (a) Informant Robert Mason

(b) Address Rockyford, Colo.

17. (a) Burial (b) Date thereof May 8-1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Robinson Cemetery

18. (a) Signature of funeral director E. H. Grimm

(b) Address Humansville, Mo.

19. (a) May 11 (b) H. F. Sargis 9
 (Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5
 year 1948 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____
 1940 to May 5 1948
 that I last saw him alive on May 4 1948
 and that death occurred on the date and hour stated above

Immediate cause of death Myocardial Failure Duration _____

Due to Senility, had had apoplexy.

Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations 830
 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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury 2

23. Signature A. R. Easton (M. D. or other) MD
 Address Weaubleau, Mo. Date signed May 5, 1948

RECEIVED

District Health Officer No. 7,

District File Number 4-48-541

Date Filed 3-18-48

MAY 26 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

Wm. G. Northrop

Registered Apprentice No. not issued

working under my personal supervision.

Signed

E. H. Pinner

Licensed Embalmer No. 4282

P. O. Address Humansville, Mo.

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.