S. No. 300
M—10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 22 1948

Registration District No. 49

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16439

Primary Registration District No. 1002

Registrar's No. 2070

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

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 1 mo. 6 days (Specify whether years, months or days)
In this community 42 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 4821 Campbell 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) D
If yes, name country:

3. (a) PRINT FULL NAME: Frank Leslie Mason

3. (b) If veteran, name war: No

3. (c) Social Security No.: 481-07-1738

4. Sex: MALE 9

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of ~~husband or~~ wife: MRS. MARY L. MASON

6. (c) Age of husband or wife if alive: 63 years

7. Birth date of deceased: MARCH (Month) 27 (Day) 1874 (Year)

8. AGE: Years 74 | Months 1 | Days 13 | If less than one day ____ hr. ____ min.

9. Birthplace: KNOX COUNTY (City, town, or county) ILLINOIS (State or foreign country)

10. Usual occupation: RETIRED-3 YEARS STREET CAR OPERATOR

11. Industry or business: KANSAS CITY PUBLIC SERVICE COMPANY

MOTHER FATHER

12. Name: CHARLES H. MASON

13. Birthplace: FULTON COUNTY (City, town, or county) ILLINOIS (State or foreign country)

14. Maiden name: MELISSA A. COON

15. Birthplace: FULTON COUNTY (City, town, or county) ILLINOIS (State or foreign country)

16. (a) Informant: Mrs. Mary L. Mason
(b) Address: 4821 Campbell Street

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: MAY 15 48 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~: NEVADA, MISSOURI

18. (a) Signature of funeral director: O.H. Neiscomeis Sons
(b) Address: 1401 BRUSH CREEK BLVD

19. (a) 5-15-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 year 1948 hour 1 minute 40 P.M.

21. I hereby certify that I attended the deceased from April 4, 1948 to May 10, 1948 that I last saw him alive on May 10, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral thrombosis — Duration:

Due to:

Due to:

Other conditions: (Include pregnancy within 3 months of death) 83 B

Major findings:
Of operations:
Of autopsy: See above

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) D
While at work? (e) Means of injury:

23. Signature: Wm W. Hart (M. D. or other) M.D.
Address: Med. Dir. Gen'l Hosp. Date signed: 5-11-48

(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 John E. Fraking

Licensed Embalmer No. 4483

P. O. Address Kansas City, 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.