FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 26 1948
Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18758
Primary Registration District No. 1000
Registrar's No. 671

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

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 10 days (Specify whether years, months or days)
In this community: 10 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Iowa (b) County: Taylor 994
(c) City or town: Rural Bedford 13 (If outside city or town limits, write "RURAL")
(d) Street No.: Rural Route 0 2 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: George McMasters
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Maude Maude McMaster
6. (c) Age of husband or wife if alive: 70 years
7. Birth date of deceased: August (Month) 10 (Day) 1876 (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	71	10	7	hr. min.

9. Birthplace: Taylor County (City, town, or county) Iowa (State or foreign country)
10. Usual occupation: Farming
11. Industry or business: Stock & Grain
FATHER
12. Name: John Crawford McMasters
13. Birthplace: Unknown (City, town, or county) Ireland (State or foreign country)
MOTHER
14. Maiden name: Sarah Ann Thompson
15. Birthplace: Unknown (City, town, or county) Indiana (State or foreign country)
16. (a) Informant: Maude McMaster
(b) Address: Bedford Iowa
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 19 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Bedford Iowa
18. (a) Signature of funeral director: Floyd E. Blum
(b) Address: Bedford Iowa
19. (a) 6-21-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature) 387

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 17 day 1948 year 1948 hour 12 minute 30 A.M.
21. I hereby certify that I attended the deceased from 6-8, 1948, to June 17, 1948 that I last saw him alive on 6-16, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Embolism	6 hrs.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: Fract Rt Hip	
Of autopsy: —	

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): Accident
(b) Date of occurrence: 6-8-48
(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? Public place (Specify type of place)
While at work? Yes (e) Means of injury: Run away
23. Signature: Jacob Kulowski (M. D.)
Address: Kirkpatrick Bldg. St. Joseph, Mo Date signed: 6-19-48

136

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

AUG 7 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 Myself, Registered Apprentice No. ..... working under my personal supervision.

Signed Floyd E. Shum

Licensed Embalmer No. Iowa 2381

P. O. Address Bedford Iowa

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.