S. No. 2
—12-45
5-17-39
47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 16 1948

Registration District No. 43

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3009

State File No. 18801

Registrar's No. 200

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Poplar Bluff Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 hrs. (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12

(c) City or town Poplar Bluff 7
(If outside city or town limits, write "RURAL")

(d) Street No. 300 7th St. 3
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Pearl May Masterson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Wm. McKinley Masterson

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased March (Month) 19 (Day) 1901 (Year)

8. AGE:

Years	Months	Days	If less than one day
47	2	16	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Chas Franklin Brannon
13. Birthplace (City, town, or county) Ky. (State or foreign country)

MOTHER
14. Maiden name Betty Masters
15. Birthplace (City, town, or county) Ky. (State or foreign country)

16. (a) Informant Alger Brannon
(b) Address Poplar Bluff, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/6/48 (Month) (Day) (Year)
(c) Place: burial or cremation Fisk, Mo.

18. (a) Signature of funeral director Greer Croy & Fitch
(b) Address Poplar Bluff, Mo.

19. (a) 6/9/48 (Date received local registrar) (b) B D Mueller (Registrar's signature) 25

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5 year 1948 hour 5 minute 30 A M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Fracture Skull	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Undertake the cause to which death should be charged statistically.

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Pending 128

(b) Date of occurrence June 3, 1948

(c) Where did injury occur? Poplar Bluff (City or town) Butler (County) Mo. (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? (e) Means of injury

23. Signature Grover W Green Coroner (M. D. or other) 3

Address Poplar Bluff, Mo. Date signed 6/5-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 648-755
Date Filed 6-14-48

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 Philip J. Cassedy, Registered Apprentice No. 108, working under my personal supervision.

Signed Wallace N Fitch

Licensed Embalmer No. 3859

P. O. Address Popla r Bluff, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
25M—3-45
X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. July

Registration District No. A3 Primary Registration District No. 3007 Registrar's No. 200

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Poplar Bluff Hospital (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUTLER

(c) City or town Poplar Bluff (If outside city or town limits, write "RURAL")

(d) Street No. 300 N 7th (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Pearl M. Masterson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Wm MASTERSON

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

7. Birth date of deceased March (Month) 19 (Day) 90 (Year)

8. AGE: Years 47 Months 2 Days 16 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Chas BRANNON
13. Birthplace (City, town, or county) Ky (State or foreign country)

MOTHER
14. Maiden name Betty MASTERS
15. Birthplace (City, town, or county) Ky (State or foreign country)

16. (a) Informant Algie BRANNON
(b) Address Poplar Bluff, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation Ash Hill

18. (a) Signature of funeral director Greer Croy & Fitch
(b) Address Poplar Bluff, MO

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 5 year 1948 hour 5 minute 30 A M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture Skull

Due to being hit by R.R. Train while Crossing Track

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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) accident

(b) Date of occurrence June 3-1948

(c) Where did injury occur? Poplar Bluff (City or town) Butler (County) MO (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Rail Road Crossing (Specify type of place)

While at work? MO (e) Means of injury Hit by Train

23. Signature Grover W Greer (M.D. or other) Coroner

Address Poplar Bluff MO Date signed 6/5-48

SUPPLEMENTARY

S-18801