

S. No. 300
M-10-47
v. 5-17-39
I 3906

19578

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 2532

FILED JUN 26 1948
Registration District No. 149

Primary Registration District No. 1002

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: GENERAL HOSPITAL NO. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 33 DAYS
(Specify whether years, months or days)

In this community 9 YRS.

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 1733 FOREST
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN GILBERT MASON

3. (b) If veteran, name war None

3. (c) Social Security No. 353-03-4624

4. Sex MALE 5. Color or race NEGRO

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased MAY 20, 1902
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 14, year 1948 hour 4: minute 10 A. M.

21. I hereby certify that I attended the deceased from MARCH 12, 1948 to JUNE 14, 1948

that I last saw him IM alive on JUNE 14, 1948 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>46</u>	<u>0</u>	<u>24</u>	hr. _____ min. _____

Immediate cause of death ENDOTHELIOMYOMA OF SECOND THORACIC VERTEBRA WITH COMPRESSION OF CORD

Due to 2. ATROPHY OF SPINAL CORD WITH MYELOMALACIA

Due to 3. DECUBITAL ULCERS

Due to 4. GENERALIZED SEPTICEMIA

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

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

10. Usual occupation LABORER - Meat Smoker

11. Industry or business Maurer - Newer

MOTHER FATHER { 12. Name EDWARD N. MASON

{ 13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

{ 14. Maiden name JULIA WIGGINTON

{ 15. Birthplace Louisville, KENTUCKY
(City, town, or county) (State or foreign country)

16. (a) Informant GILBERT GENE MASON (SON)

(b) Address 1040 W. 61st. St. - CHICAGO, ILL.

17. (a) Removal (b) Date thereof 6/16/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chicago, Ill.

18. (a) Signature of funeral director E. Steinhilber

(b) Address 1212 Vine St., Kansas City, Mo.

19. (a) 6-16-48 (b) Sheldine Walden
(Date received local registrar) (Registrar's signature)

Major findings: 554

Of operations _____

Of autopsy SAME AS 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? _____

While at work? _____ (Specify type of place)

Means of injury 0

23. Signature [Signature] (M. D. or other) _____

Address GENERAL HOSPITAL NO. 2 Date signed 6/15/48

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.....

....., Registered Apprentice No.....,
working under my personal supervision.

Signed E. Sterling Bilge

Licensed Embalmer No. 3178

P. O. Address 1212 Vine St., K.C., 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.