

FILED AUG 9 1948

Registration District No. **42**

Primary Registration District No. **51230C**

Registrar's No. **822**

1. PLACE OF DEATH:

(a) County: **Buchanan**
 (b) City or town: **Rural, Agency Township**
 (If outside city or town limits, write "RURAL," and name of township)
 (c) Name of hospital or institution: **Evansville, Missouri**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: **2 years** (Specify whether)
 In this community: **2 years** (Specify whether)
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** (b) County: **Buchanan**
 (c) City or town: **Evansville**
 (If outside city or town limits, write "RURAL")
 (d) Street No.: **544 --**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country:

3. (a) PRINT FULL NAME: **Elva Master**

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

3. (c) Social Security No.: **None**

4. Sex: **Female** 5. Color or race: **White**
 6. (a) Single, widowed, married, divorced: **Married**
 6. (b) Name of husband or wife: **Henry** 6. (c) Age of husband or wife if alive: **66** years
 7. Birth date of deceased: **June 19 1885**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 ~~68~~ **1** **9** hr. min.

9. Birthplace: **Greenville, Illinois**
 (City, town, or county) (State or foreign country)

10. Usual occupation: **Housewife**
At Home

11. Industry or business: **Charles Miller**

12. Name: **Unknown** 13. Birthplace: **Unknown**
 (City, town, or county) (State or foreign country)

14. Maiden name: **Mary Musick**

15. Birthplace: **Unknown**
 (City, town, or county) (State or foreign country)

16. (a) Informant: **Mrs Henry Masters**
 (b) Address: **Evansville, Missouri**

17. (a) **removal** (b) Date thereof: **7-30-48**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Osborn, Missouri**

18. (a) Signature of funeral director: **Stoney General Home**
 (b) Address: **St. Joseph, Missouri**

19. (a) **Aug 4, 1948** (b) **E.C. Jenkins**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: **July** day: **28**
 year: **1948** hour: **9** minute: **a** M.

21. I hereby certify that I attended the deceased from **7/12/48** to **7/28/48**, 19____, and that I last saw her alive on **7/28/48**, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary occlusion** Duration: **1 week**

Due to: **Coronary sclerosis** 6 mos.

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

Major findings: Of operations: **guth**
 Of autopsy: **guth**
 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) _____
 (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)

While at work? _____ (c) Means of injury: _____
 23. Signature: **H. H. Case** (M. D. or other) _____
 Address: **St. Joseph Mo** Date signed: **7/29/48**

MOTHER FATHER

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 *Charles M. Harman*

Licensed Embalmer No. 4487

P. O. Address St. Joseph

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.