

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41218**  
**5128**

FILED DEC 17 1949

BIRTH NO.		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>5128</b>	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>62 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		4238	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2918 Tracy</b>				d. STREET ADDRESS (If rural, give location) <b>2918 Tracy</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Hortense</b>		b. (Middle) <b>M.</b>		c. (Last) <b>Mason</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 3, 1949</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>		8. DATE OF BIRTH <b>July 30, 1868</b>	
9. AGE (In years, last birthday) <b>81</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired School Teacher</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>New Hampshire</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>				13a. FATHER'S NAME <b>Joseph C. Mason</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Kingsbury</b>	
14. NAME OF HUSBAND OR WIFE <b>--</b>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Paul J. Mason, 2918 Tracy</b>				ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Renal Failure</b>		INTERVAL BETWEEN ONSET AND DEATH					
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Carcinoma of Breast</b>		DUE TO (b)					
DUE TO (c)		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>170K</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>10<sup>20</sup></b> , 19 <b>48</b> , to <b>12/3</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>12/1</b> , 19 <b>49</b> , and that death occurred at <b>7A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Ralph S. Casford</b> (Degree or title) <b>Ralph Casford M.D.</b>				23b. ADDRESS <b>221 Plaza Med. Bldg., K.C. Mo.</b>		23c. DATE SIGNED <b>12-3-49</b>	
24a. BURIAL CREMATION, REMOVAL (Specify) <b>buried</b>		24b. DATE <b>12-5-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Kansas</b>	
DATE REC'D BY LOCAL REG. <b>12-3-49</b>		REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Freeman Mortuary, Kansas City, Missouri</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

213 11/11/1918

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Willis H. Bennett

Licensed Embalmer No. 4438

P. O. Address 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.