

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43222
Do not use this space.

DEC 6 JAN 17 1938

1. PLACE OF DEATH

(a) County Henry Registration District No. 347
 (b) Township Clinton Primary Registration District No. 3.018 Registered No. _____
 (c) City Clinton (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Charles Louis Mason
 (a) Residence, No. 539 S Carter St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 28 1920

7. AGE YEARS 18 MONTHS X DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Common
 9. Industry or business in which work was done, as saw mill, bank, etc. Laborer
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Mo

FATHER 13. NAME Thomas J Mason

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Co Mo

MOTHER 15. MAIDEN NAME Katherine Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co Mo

17. INFORMANT (ADDRESS) Mrs Frank Stevens Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Engelwood DATE 12/28 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Consolidated Bur Clinton Mo

20. FILED 12-39 38 Dr J B Hampton Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-27 1938

22. HEREBY CERTIFY, That I attended deceased from Dec-25 1938 to Dec-27 1938

I last saw him alive on Dec-26 1938 Death is said to have occurred on the date stated above, at 2:00P m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus 1931

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____ (Signed) James O Smith, M. D.

(Address) Clinton Mo

Smith

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 7-39-23

Date Filed 1-4-39

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

J. E. Consoal
working under my personal supervision.

, Registered Apprentice No.

Signed

J. E. Consoal

Licensed Embalmer No. 1891

P. O. Address Clinton, 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, above space should be left blank: