

FILED
MAY 10 1943
137

Registration District No. **137**

Primary Registration District No. **5517**

Registrar's No. **82**

1. PLACE OF DEATH:

(a) County **Henry**
(b) City or town **Rural Rebo**
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days) **40**

3. (a) PRINT FULL NAME **LUCIE JANE MASLEY**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **John W Masley** 6. (c) Age of husband or wife if alive _____ years
Birth date of deceased **John** **4** **1873**
(Month) (Day) (Year)

8. AGE: Years **69** Months **10** Days **14** If less than one day _____ hr. _____ min.

9. Birthplace **Pettis County Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name **John W. Payne**
13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)
14. Maiden name **Norma Payne**
15. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **J or Masley**

(b) Address **Calhoun Ky**

17. (a) **Burial** (b) Date thereof **Apr 19 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calhoun**

18. (a) Signature of funeral director **J. H. Houser**

(b) Address **Calhoun Mo**

19. (a) **April 19 1943** (b) **Georgia Kitchem**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Henry**
(c) City or town **Rural Rebo**
(If outside city or town limits, give "RURAL" and name of township)
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **18**
year **1943** hour **11** minute **45 A.M.**

21. I hereby certify that I attended the deceased from **June 1**
1942 to **April 18** **1943**
that I last saw her alive on **April 17** **1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Nephritis**
Duration **9**

Due to _____

Due to _____

Other conditions **Hypertension (arterial)?**
(Include pregnancy within 3 months of death)

Major findings: **1318**
Of operations _____
Of autopsy _____

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) (e) Means of injury **0**

23. Signature **Ray B Jordan** (M. D. or other) _____

Address **W. H. Houser Mo** Date signed **4/18/43**

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

RECEIVED

District Health Officer No. 7,

District File Number 4-43-163

Date Filed 5-6-43

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 myself

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

Signed J. A. Houser

Licensed Embalmer No. 3582

P. O. Address Calhoun, 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.