...o. 2
...M—2-43
...v. 5-17-39
...I X35697

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

FILED MAY 20 1945
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 20 1945
Registration District No. 2

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17892

State File No.

Primary Registration District No. 3056

Registrar's No. 88

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1010 Bond St.
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 1010 Bond St
(If rural, give location)
(e) Citizen of foreign country? O (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William A. Mason
3. (b) If veteran, name war World War I
3. (c) Social Security No. 703-01-1261

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Odell
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 8th (Day) 1889 (Year)

8. AGE: Years 56 | Months — | Days 1 | If less than one day hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation Conductor
11. Industry or business Wabash R R
MOTHER FATHER
12. Name James Mason
13. Birthplace (City, town, or county) Mo (State or foreign country)
MOTHER FATHER
14. Maiden name Rose Paterson
15. Birthplace (City, town, or county) Mo (State or foreign country)
16. (a) Informant Mrs Odell Mason
(b) Address Moberly, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11th (Month) (Day) 1945 (Year)
(c) Place: burial or cremation Moberly, Mo
18. (a) Signature of funeral director Mraham and Son
(b) Address Moberly Mo
19. (a) 5-11-45 (Date received local registrar) (b) Irma Hall (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th year 1945 hour 8 minute 20 P.M.
21. I hereby certify that I attended the deceased from Carmen, Ca, 19...; that I last saw h... alive on ... 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Natural Undetermined	
Due to	
Due to	
Other conditions (Includes pregnancy within 3 months of death)	
Major findings: 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature P.W. Williams (M. D. or other)
Address Moberly Mo. Date signed 5-11-45

1056 (Licensed Embalmer's Statement on Reverse Side)

JUN 5 1945

MAY 31 1945

RECEIVED
District Health Officer No. 10
District File Number 5-45-873
Date Filed MAY 28 1945

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 Frank D Dr Written

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.