

Registration District No. **137**

Primary Registration District No. **5517**

**1. PLACE OF DEATH:**

(a) County **Henry**  
 (b) City or town **Rural**  
 (c) Name of hospital or institution: **Calhoun**  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community \_\_\_\_\_  
 years, months or days **69.75**

3. (a) PRINT FULL NAME **Jahn Wesley Masley**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased **Sept 22 1907**  
 (Month) (Day) (Year)

8. AGE: Years **79** Months **9** Days **13** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **Frank Masley**  
 13. Birthplace **Mo.**  
 14. Maiden name **Mary Finley**  
 15. Birthplace **unknow**

16. (a) Informant **J. D. Masley**  
 (b) Address **Calhoun Mo**

17. (a) **Burial** (b) Date thereof **7.6 1947**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

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

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

(b) Address **Calhoun Mo**

19. (a) **7-7-1947** (b) **R. R. Kern**  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo** (b) County **Henry**  
 (c) City or town **Calhoun Rural**  
 (d) Street No. **5517**  
 (e) Citizen of foreign country? **No**

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **7** day **5**  
 year **1947** hour **1** minute **- P** M.

21. I hereby certify that I attended the deceased from **5-2**  
 19**47** to **7-5** 19**47**  
 that I last saw him alive on **7-4** 19**47**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_  
 (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 **M**

23. Signature **Ray Spodan** (M. D. or other) \_\_\_\_\_  
 Address **Wendover Mo** Date signed **7-7-47**

Duration **3**  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

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

RECEIVED  
District Health Officer No. 7,  
District File Number 7-14-47  
Date Filed 6-47-821

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 [Signature]  
Licensed Embalmer No. 35102  
P. O. Address Calhoun

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.