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7-39

FILED SEP 30 1947

Registration District No. 1

Primary Registration District No. 3029

Registrar's No. 197

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

1. PLACE OF DEATH:

(a) County..... HENRY

(b) City or town..... CLINTON MO  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institutions..... all life (Specify whether years, months or days)

In this community..... years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State..... MO (b) County..... HENRY

(c) City or town..... CLINTON MO  
(If outside city or town limits, write "RURAL")

(d) Street No..... 411 E OAK ST  
(If rural, give location)

(e) Citizen of foreign country?..... no (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME..... WARREN J MASON

3. (b) If veteran, name war.....

3. (c) Social Security No. ....

4. Sex..... mo (m) 5. Color or race..... W (white)

6. (a) Single, widowed, married, divorced..... S (single)

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... FEB 5 1872  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	7	17	hr. min.

9. Birthplace..... HENRY MO  
(City, town, or county) (State or foreign country)

10. Usual occupation..... PAINTER

11. Industry or business.....

12. Name..... JOHN J MASON

13. Birthplace..... STELAI CO ILL  
(City, town, or county) (State or foreign country)

14. Maiden name..... EMILY WHITAKER

15. Birthplace..... ST CLAIR CO ILL  
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs ALEX McLEOD

(b) Address..... CLINTON MO

17. (a) Burial..... (b) Date thereof..... 9-24-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Englewood

18. (a) Signature of funeral director..... Colislaus Beck

(b) Address..... Clinton Mo

19. (a) 9-23-1947 (b) R.P. Kenney  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... 9 day..... 22 year..... 1947 hour..... 8 minute..... 4 A.M.

21. I hereby certify that I attended the deceased from..... 6/7 1947 to..... 9/22 1947 that I last saw him alive on..... 9/21 1947 and that death occurred on the date and hour stated above.

Immediate cause of death..... Cerebral Embolism  
Duration..... 5 days

Due to..... Mitral Disease

Due to.....

Other conditions..... (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause of 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)

23. Signatory..... Ed C. Peeler MD (M. D. or other) C  
Address..... Clinton Mo Date signed..... 9/23/47

RECEIVED  
District Health Officer No. 7,  
District File Number 8-47-1137  
Date Filed 9-29-47

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

*J. E. Consalvo*

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, fact should be so stated above.