

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21199**

FILED JUL 9 1946
Registration District No. **296**

Primary Registration District No. **6017**

Registrar's No. **18**

1. PLACE OF DEATH:
(a) County **Ray**
(b) City or town **rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **3 miles S.W. of Richmond**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community **all of his life** years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Ray 89**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **near Camden, Mo.**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **A.R. MASON**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **23** year **1946** hour **12:00** minute **A** M.
21. I hereby certify that I attended the deceased from **30 April** 1946 to **11 May** 1946 that I last saw him alive on **11 May** 1946 and that death occurred on the date and hour stated above.

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **2**
6. (b) Name of husband or wife **Elizabeth Mason** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **April 15 1884** (Month) (Day) (Year)

Immediate cause of death **Prostatic Carcinoma with metastases**
Duration _____

8. AGE: Years **62** Months **2** Days **8** If less than one day hr. _____ min. _____

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

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER
12. Name **Thomas J. Mason**
13. Birthplace **Camden Mo.**
14. Maiden name **Tabitha Brown**
15. Birthplace **Ray Co Mo.**
(City, town, or county) (State or foreign country)

Due to _____
Due to _____

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

Major findings: Of operations **518**
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **John Mason**

(b) Address **Richmond, Route 2**

17. (a) **Burial** (b) Date thereof **6-25-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mason Cemetery**

18. (a) Signature of funeral director **B. W. Good**

(b) Address **Orrier Mo.**

19. (a) **6/28/46** (b) **Neil J. Larkin**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **no**

(b) Date of occurrence **none**

(c) Where did injury occur? **none**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **none**

While at work? **no** (Specify type of place) (e) Means of injury **none**

23. Signature **J. F. Lockrell M.D.** (M.D. or other)

Address **Richmond Mo** Date signed **25 June 46**

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 7-8-46

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 _____

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

Signed Victor E. Suminger

Licensed Embalmer No. 2899

P. O. Address Liberty 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.