

**FILED** MAR 12 1946  
Registration District No. **276**

Primary Registration District No. **6017**

1. PLACE OF DEATH:

(a) County Ray

(b) City or town rural

(c) Name of hospital or institution: Home 5 mi east of Orrick  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1  
(Specify whether years, months or days)

In this community all her life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. 5 mi East of Orrick Mo  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

3. (a) PRINT FULL NAME ELIZABETH LOUISE MASON

8. (b) If veteran, name war \_\_\_\_\_ 8. (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 A. R. Mason 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Dec. 25, 1887  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15th year 1946 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from Feb 2 1946, 1946, to Feb 15 1946, 1946;  
and that I last saw her alive on Feb 15 1946, 1946,  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>58</u>	<u>1</u>	<u>20</u>	hr. _____ min. _____

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

10. Usual occupation Housekeeper

Immediate cause of death Cancer Endometrium

Due to Cancer of Bladder

Due to Opening of Stomach

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

MOTHER FATHER

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

12. Name Marion F. Page

13. Birthplace Philadelphia Penna  
(City, town, or county) (State or foreign country)

14. Maiden name Julia F. Page

15. Birthplace Richmond Mo.  
(City, town or county) (State or foreign country)

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

Of autopsy H&K

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically

16. (a) Informant's own signature A. R. Mason

(b) Address Route 1 - Camden Mo.

17. (a) Burial (b) Date thereof 2-17-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Private Cem

18. (a) Signature of funeral director H. W. Good

(b) Address Orrick Mo

19. (a) 2-18-46 (b) Helen T. 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) \_\_\_\_\_

(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 2 P.O

28. Signature G. F. Simmons (M. D. or other) P.O

Address Orick - Mo Date signed 2/18/46

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REV. 8-1-45 11-18511

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 3-8-46

**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 \_\_\_\_\_

working under my personal supervision. *Self* \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

Signed *Victor E. Armitage* \_\_\_\_\_

Licensed Embalmer No. *2896* \_\_\_\_\_

P. O. Address *Liberty Missouri* \_\_\_\_\_

**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, above space should be left blank.**