

FILED NOV 13 1942

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 260

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Vaile Sanitarium 2.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 29 years
(Specify whether years, months or days)

In this community 86 1/2 - mo. 10 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. Vaile Sanitarium
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME WILLIAM THOMAS MASON

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 28 years (Day) (Year)

7. Birth date of deceased 12 (Month) 28 (Day) 1855 (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>86</u>	<u>9</u>	<u>10</u>	hr. min.

9. Birthplace Independence Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Farming

MOTHER FATHER

12. Name James C. Mason

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

14. Maiden name Mary W. Staples

15. Birthplace Nashville Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth P. Jensen

(b) Address 121 S. Walnut - Indep. Mo.

17. (a) Burial (b) Date thereof Oct 19-42
(Burial, cremation or other) (Month) (Day) (Year)

(c) Place: burial or cremation Mason Cem. Jackson Co. Mo.

18. (a) Signature of funeral director Att + Mitchell

(b) Address Independence, Mo.

19. (a) 10-9-1942 (b) James W. Ross
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 7 year 1942 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from August 1, 1942 to Oct 7, 1942 that I last saw him alive on Oct 6, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Sepsis

Due to ascending Pyelitis

Due to Sepsis (catheterization) Hypertrophy Prostate

Other conditions no
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

Duration 30 da

30 da

2 mo

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) no

(b) Date of occurrence

(c) Where did injury occur? no
(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? no
(e) Means of injury

23. Signature H. Hecker (M. D. or other)

Address Independence Mo Date signed Oct 7

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Henry J. Mitchell

Licensed Embalmer No. 3925

P. O. Address Indy 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.