

FILED MAY 25 1943

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 54

1. PLACE OF DEATH:

(a) County Audra in  
(b) City or town Mexico  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Dec. 20, 1942  
(Specify whether  
In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Audra in  
(c) City or town Mexico  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1303 S. Jefferson  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Mary Mason Cauthorn

3. (b) If veteran, name war No. (c) Social Security No. 491-05-5067

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced D  
6. (b) Name of husband or wife Frank Cauthorn 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Aug. 28, 1904  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
38 7 27 hr. min.

9. Birthplace Mexico, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation City Editor

11. Industry or business Mexico Ledger

MOTHER FATHER

12. Name Wm. D. Mason  
13. Birthplace Mexico, Missouri (City, town, or county) (State or foreign country)  
14. Maiden name Florence Kennan  
15. Birthplace Mexico, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Florence Mason

(b) Address Mexico, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/43 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Wm. C. ...

(b) Address Mexico, Missouri

19. (a) April 2/43 (Date received local Registrar) (b) Margaret H. Macke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1 year 1943 hour 2 minute 48 A. M.

21. I hereby certify that I attended the deceased from Dec 20, 1942 to April 1, 1943 that I last saw her alive on April 1, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Sepsis from Burn

Due to ...

Due to ...

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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) Accident X 1

(b) Date of occurrence Dec. 20, 1943

(c) Where did injury occur? Home (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? No (Specify type of place) Means of injury Burn

23. Signature J. Frank Galley (M. D. or other)

Address Mexico Mo Date signed 4/2/43

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

RECEIVED

District Health Officer No. 10

District File Number 5-43-925

Date Filed MAY 21 1945

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 *Chas. Arnold*

Licensed Embalmer No. 3569

P. O. Address Missio, 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.