

FILED JAN 21 1946

Registration District No. 3-1-10

Primary Registration District No. 4535

Registrar's No. _____

1. PLACE OF DEATH
 (a) County Washington
 (b) City or town Mineral Point
 (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 institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Washington
 (c) City or town Mineral Point
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME John W. Masson
 3. (b) If veteran name war _____ 3. (c) Social Security No. _____

4. Sex M. O 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Etheline Masson 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased Jan. 22 1866
 (Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days _____ If less than one day hr. _____ min. _____
 9. Birthplace Mineral Point Mo. O
 (City, town, or county) (State or foreign country)

10. Usual occupation Miner
 11. Industry or business _____
 12. Name John F. Masson
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace _____
 (City, town, or county) (State or foreign country)

16. (a) Informant Ellen Price
 (b) Address Mineral Point Mo.
 17. (a) Burial (b) Date thereof Dec. 24-45
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Near Potosi
 18. (a) Signature of funeral director Annice Sparks
 (b) Address Potosi Mo.
 19. (a) Jan 1-46 (b) Mrs. G. F. Bessure
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 22
 year 1945 hour 10 minute 35 A.M.
 21. I hereby certify that I attended the deceased from July 1944 to Dec. 22 1945
 that I last saw him alive on Dec. 16 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Valvular heart lesion
 Due to _____
 Due to 92d
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy _____

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) _____
 (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) _____
 While at work _____ (Specify means of injury) _____
 23. Signature Joseph L. Plummer (M. D. or other) _____
 Address Potosi Mo Date signed 12-27-45

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

104930

RECEIVED

District Health Officer No. 4
District File Number 146-1601
Date Filed 1-18-46

JAN 25 1946

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 Murphy Leprick

Licensed Embalmer No. 4236

P. O. Address Lat. River, 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.