

S. No. 2
M-2-43
5-17-39
P-1 X35697

FILED APR 19 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution Research Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 120 days
(Specify whether in this community years, months or days) - 20 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Clay 24

(c) City or town Liberty 2
(If outside city or town limits, write "RURAL")

(d) Street No. 134 D. Leonard St. 1
(If rural, give location)

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

3. (a) PRINT FULL NAME HELEN CAREL MASTERS ON

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1946 hour 3 minute 10 A.M.

21. I hereby certify that I attended the deceased from Jan 10 1946 to March 30 1946;
that I last saw her alive on March 29 1946;
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color of race White

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

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 2 - 1900
(Month) (Day) (Year)

Immediate cause of death Bacterial pneumonia Duration 30 days

8. AGE: Years 45 Months 9 Days 28 If less than one day hr. min.

Due to Myocard. Stenosis in a Thyr. Toxic Heart 54.

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

Other conditions (Include pregnancy within 3 months of death)

Due to _____

10. Usual occupation County Recorder

11. Industry or business _____

MOTHER FATHER { 12. Name Samuel G. Masters

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

14. Maiden name Laura Woods

15. Birthplace Waverille Kansas
(City, town, or county) (State or foreign country)

Major findings: Of operations 056

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Laura Masters

(b) Address 134 D. Leonard Liberty Mo

17. (a) Burial (b) Date thereof Apr 1 - 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Mo

18. (a) Signature of funeral director James Liberty
(b) Address Liberty Mo

19. (a) 3-30-46 (b) Geraldine Holmes
(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 _____

23. Signature James W. H. H. H. (M. D. or other) _____
Address Liberty Mo Date signed 3/30/46

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

NOV 15 1954

NOV 14 1954

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... *Edgar Wick*

Licensed Embalmer No. *3711*

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.