

FILED OCT 7 1946
 149

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 3946

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

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:
General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 11 days
(Specify whether years, months or days)
 In this community 35 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 3276 Oak
(If rural, give location)
 (e) Citizen of foreign country? NO. (Yes or No)
 If yes, name country X

3. (a) PRINT FULL NAME Mrs. Lona L. Mason
 3. (b) If veteran, name war no. 3. (c) Social Security No. no.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept. day 14
 year 1946 hour 9 minute P. M.

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Jesse E. Mason
 6. (c) Age of husband or wife if alive unkno2n years
 7. Birth date of deceased March 17 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept. 3 1946 to Sept. 14 1946
 that I last saw her alive on Sept. 14 1946
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>5</u>	<u>27</u>	hr. _____ min.

Immediate cause of death
Acute vegetative bacterial endocarditis-bilateral hydro-pyelonephritis
 Due to _____

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

Due to _____
 Other conditions 9/a
(Include pregnancy within 3 months of death)

10. Usual occupation housewife
 11. Industry or business X
 12. Name William Minter
 13. Birthplace Ohio
(City, town, or county) (State or foreign country)
 14. Maiden name Deilian Blackstone
 15. Birthplace Ohio
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy See above

16. (a) Informant Jesse E. Mason
 (b) Address 3276 Oak St., Kansas City, Mo.
 17. (a) burial (b) Date thereof 9-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Fall Creek, Kansas
 18. (a) Signature of funeral director Stine & McClure
 (b) Address 3235 Gillham Plaza, K. C., Mo.
 19. (a) 9-17-46 (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? _____
(Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature W. W. Stine (M. D. or other) 790
 Address Med. Dir. Gen'l Hosp. Date signed 9-16-46

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

Dr. Kull

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..... *Robert H Reed*

Licensed Embalmer No. *3745*

P. O. Address..... *MC. 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.