

FILED MAR 12 1947

Registration District No.

Primary Registration District No. 4433

Registrar's No. 17

1. PLACE OF DEATH:

(a) County PUTNAM
(b) City or town UNIONVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MONROE HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 77 HOURS
(Specify whether
In this community lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PUTNAM 86
(c) City or town LEMONS 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME LAURA MAY MASON

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex FEMALE 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 14 years

7. Birth date of deceased MARCH 14 1877
(Month) (Day) (Year)

8. AGE: Years 69 Months 10 Days 23 If less than one day hr. min.

9. Birthplace SULLIVAN COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business AT HOME

12. Name JAMES MASON

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

14. Maiden name ISABELLE CRAWFORD

15. Birthplace SULLIVAN COUNTY MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Bertha M. By Telegram

(b) Address Shattuck Oklahoma

17. (a) BURIAL (b) Date thereof FEB. 10 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LEMONS CEMETERY

18. (a) Signature of funeral director COMSTOCK FUNERAL HOME

(b) Address UNIONVILLE, MO.

19. (a) 3-1-47 (b) Marvell Durbin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 7
year 1947 hour 6 minute 15

21. I hereby certify that I attended the deceased from Feb 7
12 A.M., 1947 to Feb 7 - 6 p.m., 1947
that I last saw her alive on Feb 7, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Pooling of blood plasma
low pressure Duration 1 hour

Due to 75% of lady poisoning

Due to burned with 2 1/2 3rd degree burns 6 hours

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations 7 8 15 Of autopsy 15

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 86
(b) Date of occurrence Feb 7 - 47
(c) Where did injury occur? Lemons Putnam MO
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home (Specify type of place)

While at work? Yes (e) Means of injury burned

23. Signature Marvell Durbin Address Unionville MO Date signed 2-8-47

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

RECEIVED
District Health Officer No. 10
Death File Number 2-47-402
Date Filed MAR 11 1947

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 John W Comstock
Licensed Embalmer No. 3891
P. O. Address Unionville, 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.