

FILED APR 15 1947

Registration District No. _____

Primary Registration District No. 3028

Registrar's No. 83

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

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
514 E. 4th St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 56 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Carthage 1
(If outside city or town limits, write "RURAL") 3
(d) Street No. 514 E. 4th St. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? --- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1947 hour 5:52 minute 9 M.
21. I hereby certify that I attended the deceased from
Dec 28 1934 to Mar 15 1947

that I last saw her alive on Mar 18 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral hemorrhage 5 days

Due to Hypertension

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Louise 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 _____ years

7. Birth date of deceased July 28 1868
(Month) (Day) (Year)

8. AGE: Years 78, Months 7, Days 29 If less than one day hr. min.

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

10. Usual occupation retired music teacher

11. Industry or business ---

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Mrs. E. G. Wilbur

(b) Address Carthage, Mo.

17. (a) burial (b) Date thereof Mar 18, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Mo.

19. (a) 3-15-47 (b) L. B. Clinton M. D.
(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 George H. Head (M. D. overline)

Address Carthage, Mo Date signed Mar 15 47

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47-8-132

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.....

Luis R Knell, Registered Apprentice No. *404*
working under my personal supervision.

Signed *Frank W. Knell Jr*

Licensed Embalmer No. *4440*

P. O. Address *Carthage*

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.