

No. 2
4-2-43
5-17-39
1 X35897

FILED FEB 17 1948

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 502

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 1640 Washington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution N (Specify whether)
In this community 30 years
years, months or days

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. 1640 Washington
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sue Bertha Masters

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4
year 1948 hour 5 minute 20 A
21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W.
6. (a) Name of husband or wife Eliyah Masters 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased 12-12-1881
(Month) (Day) (Year)

Immediate cause of death feeding
Due to Carcinoma of liver

8. AGE: Years 56 Months 5 Days 8
If less than one day hr. _____ min. _____

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

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

10. Usual occupation _____

11. Industry or business Housewife

12. Name Jim Galtrian

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

14. Maiden name Lillian McMannara

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

16. (a) Informant Mrs Emma Hill

(b) Address 1640 Washington

17. (a) Burial (b) Date thereof 2/6/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Stine McClure

(b) Address Kansas City, Mo

19. (a) 2-4-48 (b) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

Major findings: 46 lb
Of operations _____
Of autopsy you read

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 S
23. Signature Jeanette Hill (M. D. or other) Ann
Address 1424 1/2 St Date signed 2-7-48

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

J. Clair Sheppard

Licensed Embalmer No. *4133-*

P. O. Address. *12 C. Ave.*

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.