

FILED JAN 10 1949

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39593

State File No.

Registrar's No. 39

Registration District No. 62

Primary Registration District No. 5240

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

1. PLACE OF DEATH:

(a) County CEGAR
(b) City or town RURAL WASHINGTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4 MILES N.W. of STOCKTON
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CEGAR
(c) City or town RURAL WASHINGTON
(If outside city or town limits, write "RURAL")
(d) Street No. 4 MILES N.W. of STOCKTON
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHARLES MASTERS

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWER

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

7. Birth date of deceased APRIL 23 1857
(Month) (Day) (Year)

8. AGE: Years 91 Months 7 Days 22 If less than one day hr. _____ min. 0

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

10. Usual occupation RETIRED FARMER

11. Industry or business _____

12. Name ANDY MASTERS 9

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

14. Maiden name MONROE 9

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

16. (a) Informant SHELBY MASTERS

(b) Address STOCKTON, MO

17. (a) BURIAL (b) Date thereof 12-19-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CAPLINGER

18. (a) Signature of funeral director John A. Cantlon

(b) Address Stockton, Mo.

19. (a) 12-31-48 (b) Geneva Garrison
(Date received local registrar) (Registrar's signature) 54

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 17
year 1948 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Senility
Due to _____
Due to _____

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

Major findings: Of operations _____

Of autopsy M&B
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) _____
(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 0

23. Signature Wm B Kiebler (M. D. or other) _____
Address Stockton Mo Date signed 12-18-48

RECEIVED

District Health Officer No. 7;

District File Number 12-48-1550

Date Filed 1-7-49

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.....

James L. Gentry....., Registered Apprentice No. 257
working under my personal supervision.

Signed John A. Cantlon.....

Licensed Embalmer No. 4387

P. O. Address Stackton, Md

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.