

FILED JUL 10 1947

Registration District No. **146**

Primary Registration District No. **3026**

Registrar's No. **201**

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

1. PLACE OF DEATH:
 (a) County Jackson Co.
 (b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Allen Rest Home 4
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community 5 weeks (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Lafayette 54
 (c) City or town Arnold
(If outside city or town limits, write "RURAL")
 (d) Street No. 5 mi. north - Odessa Mo. 0
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Effie Gertrude Masterson
 (b) If veteran, name war No
 (c) Social Security No. No

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month June day 23
 year 1947 hour 11 minute Am.
 21. I hereby certify that I attended the deceased from May 14
 1947 to June 23 1947
 that I last saw her alive on June 9 1947
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife A. T. Masterson
 6. (c) Age of husband or wife if alive 75 years
 7. Birth date of deceased March 27 1877
(Month) (Day) (Year)

Immediate cause of death Stroke Mellitus
 Duration 3 or 4 yrs.
 Due to _____
 Due to _____

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>2</u>	<u>26</u>	hr. min.

9. Birthplace Lafayette Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Geo Havenier

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

14. Maiden name Mollie Simmons

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

16. (a) Informant Walter H. Kite

(b) Address Odessa - Mo.

17. (a) Burial (b) Date thereof 6 25 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sicanton Cem.

18. (a) Signature of funeral director Edwin T. Kopy

(b) Address Independence Mo

19. (a) 6-25-47 (b) _____
(Date received local registrar) (Registrar's signature)

Other conditions Diphtheria 17
(Include pregnancy within 3 months of death)
 leg - arterio-sclerosis - probably
 Major findings: arterio-sclerosis
 Of operations amputation of leg
lower leg 9 Aug - April 12 1947
 Of autopsy no autopsies

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) _____
 (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? _____

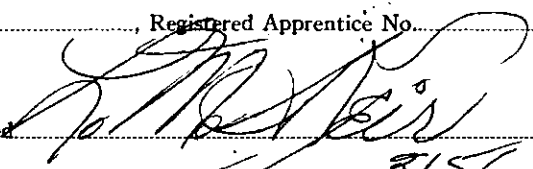
While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature Walter H. Kite (M. D. or other) _____
 Address Independence Mo Date signed 6/23/47

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 

Licensed Embalmer No. 3156

P. O. Address Indep 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.