DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33395

Registration District No. 885 Primary Registration District No. 45-36 Registrar's No. 3

1. PLACE OF DEATH:
(a) County Washington (b) City or town Caledonia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

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2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Washington
(c) City or town Caledonia (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John Riley Mason
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male | 5. Color or race White | 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Sally Caffee
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September (Month) 23 (Day) 1866 (Year)

8. AGE: Years 74 | Months 11 | Days 26 | If less than one day hr. min.

9. Birthplace Washington (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER 12. Name Lee Arden Mason
13. Birthplace ? (City, town, or county) ? (State or foreign country)
MOTHER 14. Maiden name Priscilla Duncus
15. Birthplace ? (City, town, or county) ? (State or foreign country)
16. (a) Informant's own signature J. L. Mason
(b) Address Caledonia Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SPT. 20 1940 (Month) (Day) (Year)
(c) Place: burial or cremation FARMINGTON PARK VIEW
18. (a) Signature of funeral director J. S. BOYER & SON
(b) Address LEADWOOD MO
19. (a) Sept 20-40 (Date received local registrar) (b) Ella White (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 18 year 1940 hour 2 45 A.M. minute M.
21. I hereby certify that I attended the deceased from Sept 9, 1940, to Sept 17, 1940; that I last saw h. l. m. alive on Tuesday Sept 17, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Senility — Myocardial Degeneration	
Due to Chronic nephritis &	
Antenic sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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

23. Signature D. M. Davidson M.D. (M. D. or other)
Address Belgrade Date signed 9/19/40

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Bert L. Boyer

Licensed Embalmer No. 3445

P. O. Address LEADWOOD

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.