S. No. 2
M—8-43
. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

FILED SEP 4 1946

State File No. 26519

Registration District No. 53 Primary Registration District No. 5185 Registrar's No. 288

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Cape Girardeau R.F.D. # 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lula Mary Masterson
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 Married
6. (b) Name of husband or wife Gilbert Masterson
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 3rd (Day) 1887 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 59 | 3 | 18 | hr. min. |

9. Birthplace Leman (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

MOTHER
12. Name William Clemons
13. Birthplace Don't Know (City, town, or county) (State or foreign country)

FATHER
14. Maiden name Mary Klaus
15. Birthplace Don't Know (City, town, or county) (State or foreign country)

16. (a) Informant Gilbert Masterson
(b) Address Cape Girardeau R.F.D. # 1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-22-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director L.L. Haman
(b) Address Cape Girardeau, Missouri.
19. (a) 8-28-1946 (Date received local registrar) (b) C. E. Summers (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21st
year 1946 hour 1 minute 40 A.M.

21. I hereby certify that I attended the deceased from June 19 46 to Aug 21 19 46
that I last saw her alive on Aug 20 19 46
and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| (a) Epilepsy | 3 days |
| Due to (b) Arteriosclerosis | 6 yrs |
| Due to (c) | |
| 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. L. Ledbetter M.D. (M. D. Coroner)
Address Jackson Mo. Date signed 8-24-46

4K (Licensed Embalmer's Statement on Reverse Side)

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

25365

RECEIVED

District Health Officer No. 4

District File Number 946-2546

Date Filed 9-3-46

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**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 Howard A. Hammond

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, 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.**