S. No. 2
1—12-45
. 5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5255

Registration District No. 1603 Primary Registration District No. 3031 Registrar's No. 6

1. PLACE OF DEATH:
(a) County Jefferson.
(b) City or town De Soto. (Valla)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None. (Specify whether
In this community 20 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jefferson
(c) City or town De Soto,
(If outside city or town limits, write "RURAL")
(d) Street No. 518 Boyd st.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ida Myrtle Mastiller.
3. (b) If veteran, name war No
3. (c) Social Security No. N

4. Sex F | 5. Color or race W | 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband ~~of wife~~ Ernest L. Mastiller
6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Sept. (Month) 17 (Day) 1882 (Year)

8. AGE: Years 64 | Months 4 | Days 25 | If less than one day ____ hr. ____ min.

9. Birthplace Not Known. Illinois (City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business —

MOTHER FATHER
12. Name John Q. Doherty. ?
13. Birthplace Not Known ? (City, town, or county) (State or foreign country)
14. Maiden name Rachel Wright. ?
15. Birthplace Not Known. ? (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Ernest Mastiller.
(b) Address 518 Boyd st.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 2-15-47 (Month) (Day) (Year)
(c) Place: burial or cremation Farmington.

18. (a) Signature of funeral director Idee Mothershead.
(b) Address De Soto Mo.

19. (a) 2-15-47 (Date received local registrar) (b) Marie Farris. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12th year 1947 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from ____, 1938, to 12 Feb, 1947; that I last saw her alive on 4 Feb. 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage.	immediate
Due to: Cerebral and general arterio-sclerosis	years.
Due to:	
Other conditions. (Include pregnancy within 3 months of death) —	

Major findings:
Of operations — C.J.K.
Of autopsy — D.

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 Noel V. Mastiller (M. D. or other) M.D.
Address De Soto, Mo. Date signed 13 Feb 47

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number----------

Date Filed 2-18-42

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. Lee Mothershead.

Licensed Embalmer No. 3531

P. O. Address De Soto 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.