

FILED MAY 21 1942 2319

Registration District No. \_\_\_\_\_

Primary Registration District No. 5180

Registrar's No. 10

1. PLACE OF DEATH:

- (a) County Cape Girardeau  
 (b) City or town Rural  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Near Fruitland  
 (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 Mo (b) County Cape Girardeau  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1 1/2 Mile North of Fruitland  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6<sup>th</sup>  
 year 1942 hour 5 minute 30 P. M.  
 21. I hereby certify that I attended the deceased from 4-5-42  
 \_\_\_\_\_, 19\_\_\_\_, to 4-6, 19\_\_\_\_  
 that I last saw him alive on 4-6, 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death coronary occlusion  
 Duration 10 hrs

Due to \_\_\_\_\_  
 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?  
 \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
 (a) Means of injury \_\_\_\_\_  
 23. Signature D. G. Serbit (M. D. or other) \_\_\_\_\_  
 Address Jackson Mo Date signed 4-8-42

3. (a) PRINT FULL NAME James G. Masterson

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 Married  
 6. (b) Name of husband or wife Annie Masterson 6. (c) Age of husband or wife if alive 67 years  
 7. Birth date of deceased Feb 22 1874  
 (Month) (Day) (Year)

8. AGE: Years 68 Months 1 Days 14 If less than one day ✓ hr. ✓ min.

9. Birthplace Near Fruitland Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Robert P. Masterson  
 13. Birthplace Mo.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Elyse Ann Masterson  
 15. Birthplace Mo.  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature W. G. Masterson  
 (b) Address Jackson, Mo.

17. (a) Burial (b) Date thereof 4-8-1942  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Applecreek

18. (a) Signature of funeral director J. C. Corrao  
 (b) Address Jackson, Mo.

19. (a) April 8-42 (b) F. Q. Schoser  
 (Date received local registrar) (Registrar's signature)

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

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.

RECORDED  
District Health Officer No. 4  
District File Number 542-66  
Date Filed 5-18-42

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 Gene C. Crockett, Registered Apprentice No. 300 working under my personal supervision.

Signed Lynnan Steele  
Licensed Embalmer No. 2476  
P. O. Address Jackson 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, above space should be left blank.