

Registration District No. 24

Primary Registration District No. 2401

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hrs. (Specify whether
In this community 8 months (Month) (Day) (Year)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 4 1/2 S W of Seneca
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Lee Ray Massey

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced S 0
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct. 29, 1946
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
7 28 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Ernest J. Massey
13. Birthplace Jonesboro, Arkansas
(City, town, or county) (State or foreign country)
14. Maiden name Childred Griffin
15. Birthplace Ottawa Co. Okla.
(City, town, or county) (State or foreign country)

16. (a) Informant E. J. Massey
(b) Address Seneca, Mo.

17. (a) Burial (b) Date thereof June 29, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seneca Cem.

18. (a) Signature of funeral director W. E. Hill

(b) Address Seneca, Mo.

19. (a) 7-3-47 (Date received local registrar)
Delores Lampkin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1947 hour 8 minute 40 P. M.
21. I hereby certify that I attended the deceased from June 27, 1947
to June 27, 1947
that I last saw him alive on 6/27/47
and that death occurred on the date and hour stated above.

Immediate cause of death Shock, inhalation of flames, numerous first and second degree burns over body.

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations none
Of autopsy 18 15

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident, 73
(b) Date of occurrence June 27, 1947.
(c) Where did injury occur? Residence, R R, Seneca.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Stove exploded while building fire.

While at work? NO (Specify type of place)
from stove explosion (Cause of injury)
23. Signature [Signature] (M. D. or other)
Address Joplin, Mo. Date signed 7/1/47

Duration few hours.
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

47-7-630

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 W E Billingsome

Licensed Embalmer No. 2174

P. O. Address Seneca MD

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.