

BUREAU OF THE CENSUS
FILED JUN 24 1948MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 32

Primary Registration District No. 5-114

Registrar's No. 45

1. PLACE OF DEATH:

- (a) County Bollinger,
 (b) City or town Sturdivant, Wayne T.S.
 (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
 In this community
 years, months or days)

3. (a) PRINT FULL NAME James C. 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 Married
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
 alive..... years
 7. Birth date of deceased Sept 19 1869
 (Month) (Day) (Year)

- | 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------|
| | <u>79</u> | <u>6</u> | <u>1</u> | hr. min. |

9. Birthplace Stoddard County Missouri, 0
 (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business Retired Farmer,

12. Name Wiley Massey, 7
 13. Birthplace Un Known, (State or foreign country)
 14. Maiden name Un Known,
 15. Birthplace Un Known, (State or foreign country)

16. (a) Informant Bill Massey
 (b) Address Kinder, Missouri,
 17. (a) Burial (b) Date thereof 3 22 48
 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Fagan Cemetery
 18. (a) Signature of funeral director Watkins Service
 (b) Address Puxico Missouri,
 19. (a) June 5-1948 (b) Missie Davis
 Date received local registrar (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Bollinger, 9
 (c) City or town Sturdivant Wayne T.S. 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location) 0
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20,
 year 1948 hour 11 minute 45 M.

21. I hereby certify that I attended the deceased from.....
 1945, to March 20 1948;
 that I last saw him alive on March 20 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Chronic Myocarditis
Senility

Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations..... 9/25
 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) (e) Means of injury.....

23. Signature E. C. Masties (M. D. or other) Do
 Address Advance, Mo. Date signed 4-2-48

RECEIVED

1. Health Officer No. 4
2. File Number 648-80
Date Filed 6-23-80

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 Lynn Steel
Licensed Embalmer No. 2476
P. O. Address Wester 701

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

If this body is not embalmed, fact should be so stated above.