

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.

DECEASED JAN 14 1938

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

43060
Do not use this space.

1. PLACE OF DEATH
 (a) County GREENE Registration District No. 316
 (b) Township _____ Primary Registration District No. 2001 Registered No. 919
 (c) City SPRINGFIELD (d) Street No. 2248 N. Prospect St. _____
 (e) Length of residence in city or town where death occurred 77 yrs. mos. da. (f) How long in U. S., if of foreign birth? 86 yrs. mos. da.

2. PRINT FULL NAME Theresa Massey
 (a) Residence, No. 2248 N. Prospect St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF M. V. Bud Massey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 23, 1849

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>✓</u>	<u>89</u>	<u>3</u>	<u>9</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Birmingham, England

FATHER

13. NAME Thomas H. Massey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Birmingham, England

MOTHER

15. MAIDEN NAME Sarah Law

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Mr. Ed. Newton, Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hazelwood DATE Dec. 4, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thibault's, Springfield, Mo.

20. PLACE Dec 2, 1938 Chas. Thompson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1938, to Dec 2, 1938

I last saw him alive on Dec 2, 1938 Death is said to have occurred on the date stated above, at 3:35 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Naturotic Heart Disease

Date of onset About one year ago

Other contributory causes of importance _____

Name of operation None Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury None

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____ (Signed) Charles Thompson, M. D.

(Address) Springfield, Mo.

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,

Ralph Thorne

, or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Ralph Thorne

Licensed Embalmer No. *3681*

P. O. Address *Springfield, 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.