

REC'D APR 11 1939

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

10410

Do not use this space.

1. PLACE OF DEATH

(a) County Carter Registration District No. 146
 (b) Township Pike Primary Registration District No. 5207 Registered No. 28
 (c) City _____ (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred _____ yrs. mos. ds. (f) How long in U. S., if of foreign birth? _____ yrs. mos. ds.

2. PRINT FULL NAME Walter Massie,

(a) Residence, No. Near Fremont, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Tellie Massie,
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 4th, 1939
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 II 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) March 21st, 1939 11. Total time (years) spent in this occupation All life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ironton, Ohio.13. NAME Nathan Massie,14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio15. MAIDEN NAME Lydia Neal,16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio,17. INFORMANT Lydia Mc. Lone,
(ADDRESS) Van Buren, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasant Site DATE 4-24- 193919. FUNERAL DIRECTOR (NAME) Croy-Lenckel Servic
(ADDRESS) Van Buren, Mo.20. FILED Apr. 10 1939 Jessie Schupp
Local Registrar.**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 22nd, 193922. I HEREBY CERTIFY, That ~~XXXXXX~~ deceased ~~XXXX~~
was not attended _____, 19____

~~XXXXXXXXXX~~ _____, 19____. Death is said to have occurred on the date stated above, at 4 A. m.
 The principal cause of death and related causes of importance were as follows:

Disease of Coronary Arteries
with Angina,

Other contributory causes of importance:

Arterio-Sclerosis

Date of onset

1930

Name of operation _____ 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? _____ 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 _____
 Nature of injury _____24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify _____(Signed) J. N. Cotton, M. D.(Address) Van Buren, 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, or by.....

Phil A. Leuckel

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Phil A. Leuckel*

Licensed Embalmer No.....

P. O. Address *Van Buren*

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.