

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

Do Not Ditch  
**32425**  
Do not use this space.

1. PLACE OF DEATH <sup>1000</sup> **GREENE** Registration District No. **318**  
 (a) County **GREENE** (b) Township **SPRINGFIELD** Primary Registration District No. **2001** Registered No. **720**  
 (c) City **SPRINGFIELD** (d) Street No. **447 South Street** 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 **John Henry Massey**  
 (a) Residence, No. **447 South** St.  (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 14 1864**

7. AGE YEARS **74** MONTHS **9** DAYS **10** If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Ret. 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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) **Greene Co.** (STATE OR COUNTRY) **Mo.**

FATHER 13. NAME **Thomas V. Massey**  
 14. BIRTHPLACE (CITY OR TOWN) **Greene Co.** (STATE OR COUNTRY) **Mo.**

MOTHER 15. MAIDEN NAME **Nancy Piper**  
 16. BIRTHPLACE (CITY OR TOWN) **Greene Co.** (STATE OR COUNTRY) **Mo.**

17. INFORMANT **Mrs. Bertrude M. Coffey** (ADDRESS) **Springfield Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Danforth** DATE **Sept 26 39**

19. FUNERAL DIRECTOR (NAME) **Alvin Johnson** (ADDRESS) **Springfield Mo.**

20. FILED **Sept 25 1939** **Chas. C. George** Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 24, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Sept 1, 1939** to **Sept 24, 1939**  
 I last saw him alive on **Sept 24, 1939** Death is said to have occurred on the date stated above, at **10:30 A.M.**  
 The principal cause of death and related causes of importance were as follows:  
**Arterio Sclerosis**  
**Arterial Hypertension**  
 Date of onset \_\_\_\_\_

Other contributory causes of importance: **97**

Name of operation **None** Date of \_\_\_\_\_  
 What test confirmed diagnosis? **Physical** Was there an autopsy? **No**

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) **Max J. Pitt** M. D.  
 (Address) **Springfield Mo.**

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

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**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 *Raymond Stimpell*

Licensed Embalmer No. *3444*

P. O. Address.....

**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.**

X