DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22407

Registration District No. 6 24 1940 Primary Registration District No. 4375 Registrar's No. 14

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Hopkins (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 years, months or days) In this community One Month

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Nodaway

(c) City or town Hopkins (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Robert Franklin Massie

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Apr (Month) 2 (Day) 1874 (Year)

8. AGE: Years 66 Months 2 Days 2 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Charles Massie
13. Birthplace — — (City, town, or county) Ill. (State or foreign country)

MOTHER
14. Maiden name Mary McDowell
15. Birthplace — — (City, town, or county) Ill (State or foreign country)

16. (a) Informant's own signature Chas. Massie

(b) Address Hopkins, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director John W. Price

(b) Address Maryville Mo.

19. (a) 6/6/40 (Date received local registrar) (b) O.H. Sayler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4th year 1940 hour 11 minute 8 M.

21. I hereby certify that I attended the deceased from 6/4, 1940 to 6/4, 1940 that I last saw him alive on 6/4, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary edema (acute)	15 min
Due to: Incompetence of heart	unknown
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ✓
Of autopsy ✓ None

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) M.D.

Address Hopkins Date signed 6/6/40

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impo

I X19511

95/37

RECEIVED
District Health Officer No. 11,
District File Number 740-1224
Date Filed JUL 15 1940

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 John W. Price.

Licensed Embalmer No. 3229.

P. O. Address Maryville 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.

S. No. 2B
1—2-21-40
I X22659

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 52407

Registration District No. 624 Primary Registration District No. 4375 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Hopkins (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 years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Robert Franklin 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

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 66 Months 2 Days 2 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema (acute) Incompetence of Heart.

Due to unknown

Due to unknown

Other conditions Deceased only gasped 2 or 3 times after I arrived and I had not seen him before that.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature P. W. Kirk (M. D. or other)

Address Hopkins Mo Date signed