

DEC 11 1940

Primary Registration District No. **6228**

Registrar's No.

1. PLACE OF DEATH: **Wright**
(a) County **Wright**
(b) City or town **Rural Elk Creek Twp**
(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 **2**

3. (a) PRINT FULL NAME **Johnny 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 _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased **May 25 1940**
(Month) (Day) (Year)

8. AGE: Years _____ Months **4** Days **19** If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name **Lee A. Massey**

13. Birthplace **Laclede Co Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Orna Simmons**

15. Birthplace **Wright Co Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lee A. Massey**

(b) Address **Competition Mo**

17. (a) **Rural** (b) Date thereof **10/15/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mc Bride**

18. (a) Signature of funeral director **Mo Funeral Director**

(b) Address _____

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

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Wright**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **0**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10** day **14**
year **1940** hour **6** minute **0** M.
21. I hereby certify that I attended the deceased from **OCT 13 1940**
OCT 14 1940 to **OCT 14** 1940,
that I last saw him alive on **OCT 14** 1940
and that death occurred on the date and hour stated above.

Immediate cause of death **Cholera Infantum**

Due to _____

Due to _____

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

Major findings: _____
Of autopsy _____

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? **870**

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature **J. H. Hough** (M. D. or other) _____
Address **Elk Creek Twp** Date signed _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 1240-2962

Date Filed DEC 6 1940

*This Body was not Embalmed
Subscribed to before me this 18 day of Oct. 1940
A. J. Webb
Notary Public*

X

*My Com. Expires
June 10 - 1944*

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.....

Licensed Embalmer No.....

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, fact should be so stated above.

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

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 40058

Registration District No. 911

Primary Registration District No. 6228

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Elk Creek, P.
(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 (Specify whether _____)

3. (a) PRINT FULL NAME Johnney 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 _____

6. (b) Name of husband or wife _____

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

7. Birth date of deceased 5-25-1925
(Month) (Day) (Year)

8. AGE: Years _____ Months 4 Days 19 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Lee A. Massey

13. Birthplace Laclede Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Anna Simmons

15. Birthplace Wright Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Lee A. Massey

(b) Address Competition Mo

17. (a) Burial (b) Date thereof 10-13-19
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mc. Bride

18. (a) Signature of funeral director none

(b) Address _____

19. (a) Nov 6 1941 Henry Massey
(Date received local registrar) (Registrar's signature)

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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 14
year 1941 hour 6 minute A M.

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

Immediate cause of death: _____

Due to _____

Due to _____

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

Major findings:
Of operations _____

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 J. V. Houghton (M. D. or other) _____
Address Grove Springs Date signed Nov 6 1941

1940
S-40058