

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

- (a) County Wright
 (b) City or town Competition (Rural) Elk Creek
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether
 In this community 60 yrs. years, months or days)

3. (a) PRINT FULL NAME JAMES MADISON MASSEY

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex AM. 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

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

Scarna Elizabeth Massey alive 73 years
 7. Birth date of deceased Dec. 13 1957
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 10 25 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Henry Massey13. Birthplace 1 Tenn.
(City, town, or county) (State or foreign country)14. Maiden name Mandy Robinson15. Birthplace Mo.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Elizabeth Massey(b) Address Competition Mo.17. (a) Burial (b) Date thereof Oct. 20 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mo. Buels Cem.18. (a) Signature of funeral director Gene E. Alderman(b) Address Hartsville Mo.

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 Competition (Rural)
 (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 Oct day 18
 year 1940 hour 2:00 minute P.M.

21. I hereby certify that I attended the deceased from
Oct 1, 1940, to Oct 18, 1940
 that I last saw him alive on Oct 15, 1940
 and that death occurred on the 18 and hour stated above.

Immediate cause of death Depression DurationChronic IndistinctDue to NephritisDue to 1940

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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?

8 36 While at work? (Specify type of place) (e) Means of injury23. Signature W. F. Schmitt (M. D. or other) DAddress Competition Mo. Date signed

RECEIVED

District Health Officer No. 6,

District File Number 141-189

Date Filed FEB 3 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 Gene E. Haldren

Licensed Embalmer No. 3865

P. O. Address Bartonsville, Md.

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.