

REG. MAR 17 1941
Registration District No. **368**

Primary Registration District No. **5514**

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 state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH:

(a) County Holt

(b) City or town Rural, Lincoln
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: N
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether)

In this community 10 Mos years, months or days

3. (a) PRINT FULL NAME JOHN LINWOOD MASSIE

8. (b) If veteran, name war **8. (c) Social Security** No.

4. Sex Male **5. Color or race** White

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 March 17 1940
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>0</u>	<u>11</u>	<u>4</u>	hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name John Edmund Massie

13. Birthplace Lee Summit Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Adams

15. Birthplace Rhoadesville Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John E. Masell

(b) Address Corning, Mo.

17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Feb 23 1941
(Month) (Day) (Year)

(c) Place: burial or cremation English Wray Cemetery

18. (a) Signature of funeral director Charles W. ...

(b) Address Fairfax, Missouri

19. (a) 10-22-41 (Date received local registrar) **(b) Smaie Swan** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt 44

(c) City or town Rural, Corning
(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. 1 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21 year 41 hour 7:00 P.M. minute M.

21. I hereby certify that I attended the deceased from Feb 18, 1941, to Feb 23, 1941; that I last saw him alive on Feb 22, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar PNEUMONIA **Duration** 5 days

Due to 108

Due to 108

Other conditions (Includes 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? 329

23. Signature J. C. White (M. D. or other) MD

Address Corning, Mo. **Date signed** 2/22/41

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 Marvin H. Schoeler

Licensed Embalmer No. 4162

P. O. Address Fairfax, 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.