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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED JUN 12 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17846

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 437

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 728 Benton Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 22 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 2
(If outside city or town limits write "RURAL")

(d) Street No. 728 Benton 6
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Hattie Adele Massey

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race Colored

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

6. (b) Name of husband or wife Azzo Massey

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased September-16-1872
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
68	8	11	hr. min.

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

10. Usual occupation Laundress

11. Industry or business None

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

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

16. (a) Informant Blanch Payton
(b) Address 728 Benton - City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-30-41 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Memorial

18. (a) Signature of funeral director W. P. Campbell
(b) Address 867 Washington Ave

19. (a) 5-30-41 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1941 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from 5/25, 1941, to 5/27, 1941;
that I last saw her alive on 5/27/1, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Exhaustion	
Due to Toxic Heart Disease	P
Due to Toxic Adenoma (Goiter)	P
Other conditions Chr. myocarditis was cause of death (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) no
(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 R. E. Jenkins M.D. (M. D. or other)
Address 305 ½ College St Date signed 5/31/41

(Licensed Embalmer's Statement on Reverse Side)

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 W. P. Campbell, Registered Apprentice No. ..... working under my personal supervision.

Signed W. P. Campbell

Licensed Embalmer No. 1747

P. O. Address Springfield T

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.