

No. 2  
11-10-39  
5-17-39  
I X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILLED JUN 13 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

18501

State File No. \_\_\_\_\_

Registration District No. 274

Primary Registration District No. 4063

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County New Madrid  
(b) City or town Litbourn  
(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

3. (a) PRINT FULL NAME Larry Allen Mass  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced U

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

7. Birth date of deceased Jan 28 1938  
(Month) (Day) (Year)

8. AGE: Years 3 Months 3 Days 10  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name John Mass  
13. Birthplace Fossenburg, Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Hanna McClown  
15. Birthplace 1 Oak  
(City, town, or county) (State or foreign country)

16. (a) Informant John Mass  
(b) Address Litbourn, Mo

17. (a) Burial (b) Date thereof April 11 - 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation maundy

18. (a) Signature of funeral director F. E. Jones

(b) Address New Madrid, Mo

19. (a) Apr 11/41 (b) F. E. Jones  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County New Madrid  
(c) City or town Litbourn  
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10  
year 1941 hour 4:20 minute 0 M.

21. I hereby certify that I attended the deceased from Apr 7  
\_\_\_\_\_, 1941, to Apr 10, 1941;  
that I last saw him alive on Apr 10, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death measles  
Duration 10 days

Due to Complicated by Broncho-Pneumonia  
Duration 4 days

Due to \_\_\_\_\_

Other conditions 25  
(Include pregnancy within 5 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? \_\_\_\_\_

5 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature E. E. Jones (M. D. or other) D

Address Litbourn Mo Date signed Apr 11/41

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

RECEIVED.

District Health Officer No. 2

District File Number 641-810

Date Filed 6/12/41

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**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, above space should be left blank.**