

FILED AUG 19 1942  
Registration District No. 025

Primary Registration District No. 3048  
3031

Registrar's No. 110

74  
1  
2  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Nodaway  
(a) County  
(b) City or town Maryville, Missouri  
(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 23 Years  
In this community 23 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Nodaway  
(c) City or town Maryville, Missouri  
(d) Street No. 423 W. 9th.  
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Caroline Sophronia Massie  
3. (b) If veteran, name war  
3. (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 18  
year 1942 hour 7 minute 30 P. M.  
21. I hereby certify that I attended the deceased from 13" 1942 to July 15, 1942  
that I last saw him alive on July 18, 1942  
and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White  
6. (a) Single, widowed, married, divorced 2 divorced Widow  
6. (c) Age of husband or wife if alive years 5, 1864  
7. Birth date of deceased March (Month) (Day) (Year)

Immediate cause of death  
Myocardial Degeneration  
Due to Coronary Sclerosis  
Due to  
Other conditions (Include pregnancy within 3 months of death) 930

8. AGE: Years Months Days If less than one day  
78 4 13 hr. min.

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

9. Birthplace Andrew Co. Missouri

10. Usual occupation Housewife

11. Industry or business none

12. Name Archibald Elliot

13. Birthplace Tenn.

14. Maiden name Elizabeth Warner

15. Birthplace Tenn.

16. (a) Informant Mrs. Steele McIntyre

(b) Address Maryville, Missouri

17. (a) Burial (b) Date thereof 7 - 20 - 42

(c) Place: burial or cremation Maryville, Mo.

18. (a) Signature of funeral director Price Funeral Home  
(b) Address Maryville Mo

19. (a) July 20, 1942 (b) Mary Cole

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (a) Means of injury  
23. Signature H. M. Hallis Jr (M. D. or other) MD  
Address Maryville Mo Date signed 7-20-42

1268

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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..... *Clara M. Price* .....

Licensed Embalmer No..... *1822* .....

P. O. Address..... *Mayville, N.* .....

**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.**