

FILED MAR 10 1943

Registration District No. 139

Primary Registration District No. 5532

Registrar's No. 10

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

1. PLACE OF DEATH:

(a) County Holt

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

(c) Name of hospital or institution: 1 Stone Clay Farms
(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 Most of life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt

(c) City or town Maitland Rural
(If outside city or town limits, write "RURAL")

(d) Street No. S about 5 or 6 Miles
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ELLA-BEY NIECE-MASSIE

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex F. 5. Color or race W.

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

6. (b) Name of husband or wife Nat Massie

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

7. Birth date of deceased Sept 4 1869
(Month) (Day) (Year)

8. AGE: Years 73 Months 4 Days 23 hr. _____ min. _____

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

10. Usual occupation House wife

11. Industry or business _____

12. Name J. H. Williams

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Mahon

15. Birthplace Manchester England
(City, town, or county) (State or foreign country)

16. (a) Informant Nat Massie

(b) Address Maitland Mo.

17. (a) Burial (b) Date thereof 1-29-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address _____ Missouri

19. (a) 2-8-43 (b) Pauline Dawson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26
year 1943 hour 10 AM minute _____ M.

21. I hereby certify that I attended the deceased from DEC 30, 1942 to Jan 26, 1943
that I last saw her alive on Jan 25, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis

Duration 27 days

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations none

Of autopsy none

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 no injury

(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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature P. F. Williams (M. D. or other) _____

Address _____ Mo. Date signed 1-29-43

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 *W. H. Lean Campbell*

Licensed Embalmer No. *2120*

P. O. Address *Wayville, N.C.*

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.