

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **6991**

FILED MAR 9 1944

Registration District No. **97**

Primary Registration District No. **5320**

Registrar's No. **1**

1. PLACE OF DEATH:

(a) County **Crawford**
(b) City or town **Pheyville, MO**
(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
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Crawford**
(c) City or town **Rural Osage Township**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **William Joseph Massey**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **m** 5. Color or race **w** 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased **Jan 15 - 1943**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
17 20 0 hr. min.

9. Birthplace **Pheyville, MO.**
(City, town, or county) (State or foreign country)

10. Usual occupation **none**

11. Industry or business **none**

MOTHER FATHER

12. Name **James H. Massey**

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

14. Maiden name **Elizabeth Massey**

15. Birthplace **Pheyville, MO**
(City, town, or county) (State or foreign country)

16. (a) Informant **James H. Massey**

(b) Address **Pheyville, MO**

17. (a) _____ (b) Date thereof **1-8-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Method Cemetery**

18. (a) Signature of funeral director **W. E. Kelly**

(b) Address **5 Schell, MO**

19. (a) **2-3-44** (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **7**
year **1944** hour **4** minute **40 P.M.**

21. I hereby certify that I attended the deceased from **Jan 13** to **Jan 7** 19**44**
that I last saw him alive on **Jan 7** 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death **malnutrition**

Due to **senility**

Due to _____

Other conditions (Include pregnancy within 3 months of death) **67**

Major findings: Of operations _____

Of autopsy _____

Duration

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? _____

While at work? _____ (Specify type of place) _____
(Specify nature of injury)

23. Signature **William J. Robley**

Address **Pheyville** Date signed **1/8/44**

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

211

RECEIVED

District

Officer No. 5

Boyer

District

344196

Date Filed

3-8-44

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 *not embalmed*

Registered Apprentice No.

working under my personal supervision.

Signed

R. J. James

Licensed Embalmer No.

2379

P. O. Address

Steelville 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, fact should be so stated above.