

FILED SEP 26 1944

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 3708

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2150 Elmwood
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME JOSEPH MILTON MASSEY

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jennie 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Oct. 1, 1860
(Month) (Day) (Year)

8. AGE: Years 83 Months 11 Days 7 If less than one day hr. min.

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

10. Usual occupation Retired Real Estate and Insurance

11. Industry or business Self

MOTHER FATHER { 12. Name Jeremiah Massey
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Mary Gray
15. Birthplace Maryland (City, town, or county) (State or foreign country)

16. (a) Informant Jennie Massey

(b) Address 2150 Elmwood

17. (a) Burial (b) Date thereof Sept/14, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director E. H. Blackman & Son, Inc.

(b) Address Kansas City, Mo.

19. (a) 9-13-44 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 13
(c) City or town Kansas City 5
(If outside city or town limits, write "RURAL") 0
(d) Street No. Brayner, Mo. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11
year 1944 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from _____ 19____;
that I last saw him at Deputy Coroner's _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis

Due to _____
Due to _____

Other conditions 940
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy Inspection & History

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? _____

23. Signature A. E. Walker (M. D. or other) _____
Address 239 McCoy Date signed 9/12/44

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

R. H. Blackman

Licensed Embalmer No.....

3639

P. O. Address.....

N. C. 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.