S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

9701

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10789

FILED APR 6 1946

Registration District No. 377 Primary Registration District No. 6076 Registrar's No. 746

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: 23 Carson Road (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether

In this community 7 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State St Missouri (b) County St Louis 96

(c) City or town So. Kinloch (If outside city or town limits, write "RURAL") 0

(d) Street No. 23 Carson Rd (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME JOE MASSEY

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male 2

5. Color or race Col.

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Alice Massey

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased August (Month) 10 (Day) 1871 (Year)

8. AGE: Years 74 Months 7 Days 15 If less than one day — hr. — min.

9. Birthplace Madison Coo (City, town, or county) Tenn (State or foreign country) 1

10. Usual occupation Labor

11. Industry or business Farming

FATHER
12. Name Bob Massey
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Alice Massey
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Alice Massey

(b) Address 23 Carson Rd So Kinloch Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 29 (Day) 46 (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director Boyd Brothers

(b) Address Lin & Stanza So. Kinloch Mo

19. (a) 3-30-46 (Date received local registrar) (b) E M Garvin MD (Registrar's signature) RSC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25 year 1946 hour 5 30 minute M.

21. I hereby certify that I attended the deceased from Feb-24-46, 19, to March 25, 1946, that I last saw him alive on March-25, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis

Due to

Due to Rheumatism

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

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature J. A. Rainey (M. D. or other) MD

Address South Kinloch Pkwy Date signed 3-28-46

(Licensed Embalmer's Statement on Reverse Side)

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 Edward A. Flynn, Registered Apprentice No. 397, working under my personal supervision.

Signed James A. Ohnson

Licensed Embalmer No. 3522

P. O. Address 3704 Finney

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.