

Registration District No. **116**

Primary Registration District No. **3020**

1. PLACE OF DEATH:
 (a) County **Franklin, Co.**
 (b) City or town **Washington, Mo**
(If outside city or town limits, write "RURAL" and name of township)
ST Francis Hospital at Washington.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 day** (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Franklin, 36**
 (c) City or town **Richwoods, Mo.** **0**
(If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) **0**
 (e) Citizen of foreign country? **yes, No** (Yes or No) **0**
 If yes, name country _____

3. (a) PRINT FULL NAME **James Edward Missey**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **M** 5. Color or race **N**
 6. (a) Single, widowed, married, divorced **— 1**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **JANUARY 8 1946**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
3 4
 hr. min.

9. Birthplace **Richwoods, Mo. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **INFANT.**

11. Industry or business _____

MOTHER FATHER {
 12. Name **Roy Missey.**
 13. Birthplace **Richwoods, Mo 0**
(City, town, or county) (State or foreign country)
 14. Maiden name **Libby Missey**
 15. Birthplace **Richwoods, Mo. 0**
(City, town, or county) (State or foreign country)

16. (a) Informant **Glennice Lottmann**
 (b) Address **Yilla Ridge, Mo**

17. (a) **Burial** (b) Date thereof **April 9 1946.**
(Burial, organ donation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation **Horine cemetery**

18. (a) Signature of funeral director **St. Clair**

(b) Address **4/8/46**

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **April** day **7**
 year **46** hour **5** minute **9** M.
 21. I hereby certify that I attended the deceased from **April 7**
 19**46** to **April 7** 19**46**
 that I last saw him alive on **April 7** 19**46**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia** Duration
3 weeks.

Due to _____

Due to _____

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

Major findings:
 Of operations **101**
 Of autopsy _____
 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) (e) Means of injury _____

23. Signature **St. Clair** (M. D. or other) **1**
 Address **Washington, Mo** Date signed **4/8/46**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
11672

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 5-1-46

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 Sherwood Kitchell

Licensed Embalmer No. 3873

P. O. Address St. Clair, 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 embalmed, fact should be so stated above.