

No. 2
12-45
17-39
2-27070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 18 1946
Registration District No. 360

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39423
Registrar's No. 138

Primary Registration District No. 6225

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

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Rural Washburn Sup.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp. No. 3. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 mo. 23 da.
In this community same time
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Guy Massey
3. (b) If veteran, name war. (2)
3. (c) Social Security No. (2)

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced (single)
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive 9 years
7. Birth date of deceased Jan. 9 1902
(Month) (Day) (Year)

8. AGE:
Years 44 Months 8 Days 25
If less than one day hr. min.

9. Birthplace Marionville Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business

12. Name Lee Roy Massey 9

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

14. Maiden name Louisa Frances Kerr

15. Birthplace Marionville Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records

(b) Address Nevada Mo.

17. (a) Removal (b) Date thereof 11-5-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Vernon, Mo.

18. (a) Signature of funeral director O. Fawcett

(b) Address St. Vernon Mo.

19. (a) 11-8-46 (b) Kathryn Yancey
(Date received local registrar) (Registrar's signature)

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

20. DATE OF DEATH: Month Nov. day 3rd
year 1946 hour 12:30 minute P. M.
21. I hereby certify that I attended the deceased from Nov. 1-1946
19____ to Nov. 3-1946 19____;
that I last saw him alive on Nov. 3-1946 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Maniacal Exhaustion Duration 3 to 4 mo.

Due to _____

Due to _____

Other conditions g40
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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)
(e) Means of injury 0

23. Signature P.B. Rutter (M. Doctor)
Address Nevada Mo. Date signed 11-3-46

DEC. 12. 1948

RECEIVED
DISTRICT NO. 7
DISTRICT NO. 10-46-2051
Date Filed 11-13-48

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 Marsh Eisinger
Licensed Embalmer No. 2656
P. O. Address Woods, 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.