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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 16 1947

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 580

Registration District No. 73 Primary Registration District No. 5290 Registrar's No. 3

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Kearney R.F.D. (If outside city or town limits, write "RURAL" and name of township)
(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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay 24
(c) City or town Kearney R.F.D. (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME ALMEDA E. MASSEY
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Richard M Massey
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 17 (Day) 1856 (Year)

8. AGE:	Years	Months	Days	If less than one day
	90	3	12	hr. min.

9. Birthplace Clay Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation House Keeper
11. Industry or business
MOTHER FATHER
12. Name Washington P Tapp
13. Birthplace (City, town, or county) Ky (State or foreign country)
14. Maiden name Nate Williams
15. Birthplace (City, town, or county) Ky (State or foreign country)
16. (a) Informant Louis Massey
(b) Address Kearney Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 3-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cem Kearney
18. (a) Signature of funeral director Leonard Fry
(b) Address Kearney Mo
19. (a) Jan. 3. 1947 (Date received local registrar) (b) Minnie Haynes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1st year 1947 hour 18:30 minute a. M.
21. I hereby certify that I attended the deceased from Coroner's Case, 19 , 19 ; that I last saw h alive on Coroner's Case, 19 ; and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Thrombosis
Due to Coroner's Case
Due to Coroner's Case
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations Coroner's Case
Of autopsy 94A

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) Coronary Thrombosis
(b) Date of occurrence 1-1-1947
(c) Where did injury occur? Kearney R.F.D. Clay Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home on farm (Specify type of place)
While at work? (e) Means of injury 2
23. Signature R.W. Prather Coroner (M. D. or other)
Address Jackson Springs, Mo. Date signed 1-1-47

64 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 1-11-47

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 Leonard Frey

Licensed Embalmer No. 1677

P. O. Address Kearny, Neb.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.