. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 4 1948

Registration District No. 294

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3056

State File No. 5848

Registrar's No. 77

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCormick Hospital
(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 Randolph 88
(c) City or town Moberly 6
(If outside city or town limits, write "RURAL")
(d) Street No. 916 No Ault 3
(If rural, give location) 0
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Joseph H. Massman
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Nov (Month) 25 (Day) 1873 (Year)

8. AGE:

Years	Months	Days	If less than one day
74	2	29	..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Retired Boilermaker
11. Industry or business .....

FATHER
12. Name Henry Massman
13. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Mary Alterman
15. Birthplace ..... (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant A. F. Massman
(b) Address Moberly Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 26-48 (Month) (Day) (Year)
(c) Place: burial or cremation Moberly Mo
18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly Mo
19. (a) Feb 26-48 (Date received local registrar) (b) Leah Williams Lowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24th
year 1948 hour 1 minute 30 a. M.

21. I hereby certify that I attended the deceased from Feb 22nd, 1948, to Feb 24th, 1948; that I last saw him alive on Feb 24th, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	Years
Due to Fracture of left hip	2 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Fell from ladder
(b) Date of occurrence Feb 22 1948 12 7
(c) Where did injury occur? Moberly (City or town) Randolph (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? yes (e) Means of injury 2

23. Signature W. H. McCormick D.O. (M. D. or other)
Address 300½ Reed St. Moberly Mo. Date signed 2-24-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAR 16

MAR 9 1948

RECEIVED
District Health Officer No. 10
District File Number 3-48-40
Date Filed MAR 2 1948

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 Frank D. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.