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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED SEP 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27387
Registrar's No. 2330

Registration District No. 301

Primary Registration District No. 6032

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

1. PLACE OF DEATH:

(a) County Ripley

(b) City or town Dominion, Mo.
(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 54 years
years, months or days

3. (a) PRINT FULL NAME Joseph T. Mashey

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Male 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Jan. 27 1892
(Month) (Day) (Year)

8. AGE: Years 75 Months 6 Days 19 If less than one day hr. _____ min. _____

9. Birthplace Sadelle, Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Dorothy Mashey

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

14. Maiden name Betty Ryeck

15. Birthplace Sadelle, Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Starna

(b) Address Dominion, Mo. Rt. 5

17. (a) Burial (b) Date thereof 8-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Easton, Tenn.

18. (a) Signature of funeral director W. E. Edwards

(b) Address Dominion, Mo.

19. (a) 8-9-48 (b) E. B. Johnston
(Data received local registrar) (Registrar's signature) 7477

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Ripley

(c) City or town Dominion, Mo.
(If outside city or town limits, write "RURAL") 91

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 7
year 1948 hour 7 minute 20 A.M.

21. I hereby certify that I attended the deceased from Aug 7 1948 to Aug 7 1948; that I last saw him alive on 7 August and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

Due to Hypertension

Due to Senility

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

Major findings: Of operations _____

Of autopsy 112B

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 Fred Johnson (M. D. or other) 310

Address Dominion, Mo. Date signed 9 Aug 48

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED 9-7-48
District Health Officer No. 5,
District File Number 948554
Date Filed 8-8-48

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 *Velvet Johnson*

Licensed Embalmer No. *4277*

P. O. Address *Quincy, Ill., 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.