S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 13 1948

Registration District No. 1487

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29354

Primary Registration District No. 3019

Registrar's No. 128

1. PLACE OF DEATH:
(a) County: Dunklin
(b) City or town: Kennett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 203 E. 7th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)
In this community: Life time

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Dunklin
(c) City or town: Kennett
(If outside city or town limits, write "RURAL")
(d) Street No.: 203 E. 7th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Nola Romines Massey
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: F
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Henry Clyde Massey
6. (c) Age of husband or wife if alive: 43 years
7. Birth date of deceased: May (Month) 23, (Day) 1900 (Year)

8. AGE: Years 48 | Months 4 | Days 6 | If less than one day ... hr. ... min.

9. Birthplace: Kennett (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: housewife
11. Industry or business: home

MOTHER FATHER
12. Name: James Romines
13. Birthplace: UNKNOWN (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Josephine Akers
15. Birthplace: Florence (City, town, or county) Alabama (State or foreign country)

16. (a) Informant: Bettye Massey
(b) Address: Kennett, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-30-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Ridge Cemetery
18. (a) Signature of funeral director: Earl Dalmon
(b) Address: Kennett, Mo.
19. (a) 10-5-1948 (Date received local registrar) (b) Earl Dalmon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29th year 1948 hour 11:00 minute P. M.

21. I hereby certify that I attended the deceased from Aug 30, 1948, to Sept 29, 1948, that I last saw her alive on Sept 29, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Cervix	Unknown
Due to:	
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)
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: [illegible] (M. D. or other)
Address: Kennett Mo. Date signed: 10/3/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1048-1303
Date Filed 10-11-48

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 Arnold R. Moon, Registered Apprentice No. 258, working under my personal supervision.

Signed Helen F. Mayberry

Licensed Embalmer No. 4457

P. O. Address Kennett

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.