

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 15 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35811

State File No. _____

Registrar's No. 352

Registration District No. 47

Primary Registration District No. 3008

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7 W. 3rd
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CALLAWAY

(c) City or town Fulton
(If outside city or town limits, write "RURAL")

(d) Street No. 7 W. 3rd
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James William Massey

3. (b) If veteran, name war no.

3. (c) Social Security No. _____

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Dec. 23 - 1861
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7th
year 1948 hour 12 minute 50 P.M.

21. I hereby certify that I attended the deceased from for several
years 19 _____ to Dec 7, 1948
that I last saw him alive at time of death 1948
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

86 11 15 _____ hr. _____ min.

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

10. Usual occupation Retired.

Immediate cause of death myocardial
arterio Sclerosis

Due to _____

Due to _____

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

MOTHER FATHER

11. Industry or business _____

12. Name Frank Massey!

13. Birthplace W.K. Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name W.K.

15. Birthplace W.K. 9
(City, town, or county) (State or foreign country)

Major findings: Of operations 935

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Frank Massey!

(b) Address 7 East 3d. Fulton, Mo.

17. (a) Burial (b) Date thereof Dec. 9 - 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PIONEER FULTON, MO

18. (a) Signature of funeral director Gen. Y. Massey

(b) Address 712 Cent. Fulton, Mo.

19. (a) Dec. 9 - 1948 (b) James Massey
(Date received local registrar) (Registrar's signature)

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)

(c) Means of injury _____

23. Signature W.D. Collier (M. D. or other) _____

Address Fulton 700 Date signed 12/7/48

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed ~~DEC 14, 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 Glen Y. Maupein
Licensed Embalmer No. 2725
P. O. Address Fulton, 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.