

CF: Little Rock, Ark.

Reg.# 84789

REG. DIST. NO. 317

PRIMARY REG. DIST. NO. 6076

Registrar's No. 1682

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>ARKANSAS</b> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) TOWN <b>JEFF. BRKS, MO.</b>		c. LENGTH OF STAY (In this place) <b>80 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>TRPELO</b>		8030
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP.</b>			d. STREET ADDRESS (If rural, give location) <b>8</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>CRAIG</b>		b. (Middle) <b>(NMI)</b>	c. (Last) <b>MASSEY</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 10, 1950</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>3-30-19</b>	9. AGE (In years last birthday) <b>31</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>ARKANSAS</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>WILLIAM F.</b>		13b. MOTHER'S MAIDEN NAME <b>NELLIE MAY GREY</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WWII</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>V.A. HOSPITAL RECORDS, JEFF. BRKS, MO.</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>MULTIPLE SCLEROSIS</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH  <b>345X</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>4-22</b> , 19 <b>50</b> , to <b>7-10</b> , 19 <b>50</b> , that I last saw the deceased <del>on</del> <b>at 2:52P m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>E. E. Mitchell M.D.</b> (Name or title) <b>CHIEF, PROFESSIONAL SVCS.</b>		23b. ADDRESS <b>V.A. HOSPITAL, JEFF. BRKS, MO.</b>		23c. DATE SIGNED <b>7-11-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>July 12, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Judsonia, Arkansas</b>	24d. LOCATION (City, town, or county) (State) <b>Judsonia, Arkansas</b>		
DATE REC'D BY LOCAL REG. <b>7-11-50</b>	REGISTRAR'S SIGNATURE <b>Herbert D. Womack</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C. HOFMEISTER U&amp;L COMPANY, St. Louis, Mo.</b>		

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Harry J. Schumacher

Licensed Embalmer No. 2679

P.O. Address 2814 T. P. ...

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.