

FILED SEP 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32038

STATE FILE NUMBER 3987

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3987

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5603 Garfield		Length of stay in lb 62 years	STREET ADDRESS (If outside, give location) 5603 Garfield		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First William Middle Bernard Last Massman			4. DATE OF DEATH Month August Day 25 Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 3, 1895		9. AGE (In years last birthday) 62 years IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Superintendent		10b. KIND OF BUSINESS OR INDUSTRY Massman Const. Co.		11. BIRTHPLACE (City and state or country) Kansas City, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Henry Massman		13b. MOTHER'S MAIDEN NAME Elizabeth Leaf	
14. NAME OF HUSBAND OR WIFE Mrs Virginia C. Massman		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) Yes World War I		16. SOCIAL SECURITY NO. 486-10-2093	
17. INFORMANT Mrs Virginia C. Massman		Address 5603 Garfield		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Unknown Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from _____, to _____, and last saw her/him alive on _____. Death occurred at 7.30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE H. L. Dwyer (Degree or title) MD		22b. ADDRESS City Hall KC Mo		22c. DATE SIGNED 8/26/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug. 28, 1957		23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	
23d. LOCATION (City, town, or county) Hickman Mills, Mo.		24. FUNERAL DIRECTOR Thos. E. Quirk		25. DATE RECD. BY LOCAL REG. 8-28-57	
26. REGISTRAR'S SIGNATURE Neva Minkell		ADDRESS 4316 Troost Ave. K.C. Mo.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.



Jackson
 Kansas City
 5803 Carlisle
 82 years
 William
 1911
 White
 Superintendent
 Henry
 Yes

SEP 0 1957
 U.S.A.

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
 Signature of Student Embalmer

Signed *Thomas E. ...*
 Licensed Embalmer No. *377*

P. O. Address

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
 If this body is not embalmed, fact should be so stated above.

This is a true and correct copy of the original.