

No. 300
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5-17-39
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED SEP 14 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **26069**
Registrar's No. **190**

Registration District No. **137**

Primary Registration District No. **3023**

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

1. PLACE OF DEATH:

(a) County Henry
 (b) City or town Clinton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
901 North 2nd St
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community all life
 years, months or days

3. (a) PRINT FULL NAME Cora Belle Massey
 3. (b) If veteran, name war no
 3. (c) Social Security No. None

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced widow
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: Feb 12 1870
 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day	
<u>78</u>	<u>6</u>	<u>27</u>	hr.	min.

9. Birthplace Henry Co Mo
 (City, town, or county) (State or foreign country)
 10. Usual occupation Housekeeper

11. Industry or business _____
 12. Name Homer T. Burris
 13. Birthplace Ohio
 (City, town, or county) (State or foreign country)
 14. Maiden name Anna Belle Roberts
 15. Birthplace Ohio
 (City, town, or county) (State or foreign country)

16. (a) Informant My Elmer Slavens
 (b) Address Clinton Mo
 17. (a) Burial (b) Date thereof 9-11-1948
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Englewood Cem

18. (a) Signature of funeral director Consalus + Beck
 (b) Address Clinton Mo
 19. (a) 9-11-48 (b) R. R. Kenney
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry **42**
 (c) City or town Clinton **1**
 (If outside city or town limits, write "RURAL")
 (d) Street No. 310 S Third St **1**
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 9
 year 1948 hour 8 minute 30 A.M.
 21. I hereby certify that I attended the deceased from 9/4 1948 to 9/9 1948
 that I last saw her alive on 9/7 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Dysentery
 Duration 7 da.

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

Major findings:
 Of operations 1206
 Of autopsy _____
PHYSICIAN
 Underline the cause to 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? _____

While at work _____ (Specify type of place) Means of injury _____
 23. Signature J. C. Teller (M. D. or other) **MD**
 Address Clinton Mo Date signed 9/10/48

RECEIVED
District Health Officer No. 7,
District File Number 8-48-1060
Date Filed 9-13-48

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 R R Kenney
Licensed Embalmer No. 3099
P. O. Address Clinton 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.