MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

REC'D AUG 8 1938

24267
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson — Registration District No. 90
(b) Township Kaw — Primary Registration District No. 1002 — Registered No. 2772
(c) City K. C. Mo. — (d) Street No. 3417 Washington St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Alice K. Messerley
(a) Residence, No. 3417 Washington St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Strother A. Messerley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 25, 1864

7. AGE: Years 73 — Months 8 — Days 14 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayette, Mo. 0

FATHER
13. NAME Unk. Ketchum 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 0

MOTHER
15. MAIDEN NAME Unk. Wilhite
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayette, Mo.

17. INFORMANT Strother H. Messerley
(ADDRESS) 3417 Washington

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Louis, Mo. DATE July 11 - 38, 19

19. FUNERAL DIRECTOR (NAME) Wagner Funeral Home
(ADDRESS) Kansas City, Mo.

20. FILED 7-10, 1938 M. M. Crowe, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1938, to July 9, 1938, (last saw her alive on July 4, 1938). Death is said to have occurred on the date stated above, at 1:00 a.m. am
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	July 9, 1938
Chronic Myocarditis	Jan 1928
93 c	

Other contributory causes of importance: Chronic Arteriosclerosis

Name of operation none Date of
What test confirmed diagnosis? Phys. Exam. Lab. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Joseph A. Fogarty M. D.
(Address) 1001 Wyandotte Bldg Kansas City, Mo

Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. J. A. Fogarty,
31st & Troost,
LO 1207

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.....

Licensed Embalmer No.....

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 this body is not embalmed, above space should be left blank.