

REC'D OCT 15 1938

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

31222
Do not use this space.

3519

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Paw Primary Registration District No. 1002 Registered No. 3519
(c) City Kansas City (d) Street No. General Street 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

Richard Lee Messick 207
(a) Residence, No. 2736 Forest St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Child)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF none

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29 - 33

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5 1 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
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) K. C. - Mo.

FATHER 13. NAME Orson Messick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lee Summit Mo.

MOTHER 15. MAIDEN NAME Maudie Vauget

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paola Mo.

17. INFORMANT (ADDRESS) Orson Messick

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn Cem. DATE 9-7-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Tigerman & Sons
K.C. Mo.

20. FILED Sept 7, 38 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-5-38 19

22. I HEREBY CERTIFY that I attended deceased from Deputy Coroner 19

I last saw him 6:10 P.M. Death is said to have occurred on the date stated above, at 6:10 P.M.

The principal cause of death and related causes of importance were as follows:

102°-3° burns of face, back, arms and legs
Date of onset 181

Other contributory causes of importance:

Name of operation Date of yes

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Accident Date of injury 9-5-38

Where did injury occur? K.C. Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Clayton caught fire while

Nature of injury playing with gasoline

24. Was disease or injury in any way related to occupation of deceased?

If so, specify None

(Signed) Walter H. Hinkle M.D.

(Address) Gen. Hosp., K.C. Mo.

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 conform with the above constitutes grounds for revocation of license.)

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