

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

Rev. 5-17-39 I-10001

N. B.—Every item of information should be carefully studied. 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.

Registration District No. 5-48.

Primary Registration District No. 5743.

Registrar's No. 56.

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Rural, Fabius Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Albert Monroe Messenger

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Stewart

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased March 14 1858
(Month) (Day) (Year)

8. AGE: Years 81 Months 6 Days 15
If less than one day hr. _____ min. _____

9. Birthplace Mediapolis, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Hiram Messenger

13. Birthplace New York New York
(City, town, or county) (State or foreign country)

14. Maiden name Jane Wallace Harper

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Jane Margaret M. Harper

(b) Address Palmyra, Mo.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof Oct. 1, 1939
(Month) (Day) (Year)

(c) Place: burial or cremation Mediapolis, Iowa.

18. (a) Signature of funeral director Walter Brown

(b) Address Palmyra, Mo.

19. (a) Sept. 30 - 1939
(Date received local registrar)

(b) Walter Lee
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 29 day _____
year 1939 hour 1 minute 50 A. M.

21. I hereby certify that I attended the deceased from Sept 27, 1939 to Sept 27, 1939;
that I last saw him alive on Sept 27, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction in chronic degenerative chronic disease

Due to _____

Due to _____

Other conditions 59'
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

Where worked _____ (Specify type of place)

(a) Means of injury _____

23. Signature Walter Lee (M. D. or other)

Address Palmyra Mo Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically

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..... Me
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... W. B. Lewis
Licensed Embalmer No..... 2382
P. O. Address..... Palmyra, 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, above space should be left blank.