

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2078

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City Mo  
(If outside city or town limits, write "RURAL," and name of township)  
(c) Name of hospital or institution:  
St. Lukes Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11 days  
(Specify whether  
In this community 17 Yrs  
years, months or days)

3. (a) PRINT FULL NAME Luther Howard Messersmith 262

8. (b) If veteran, name war None 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mabel O. Messersmith 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased March 9 1890  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
50 2 8  
hr. min.

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

10. Usual occupation Salesman

11. Industry or business laundry

12. Name William Messersmith

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

14. Maiden name Ella Phillips

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

16. (a) Informant Mabel O Messersmith

(b) Address 2835 Mersington

17. (a) Burial (b) Date thereof May 20 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director Mrs C.L. Forster

(b) Address 918 Brooklyns Kansas City Mo.

19. (a) May 20, 1940 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. " 2538 Mersington  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17  
year 1940 hour 8 minute P.A.M.

21. I hereby certify that I attended the deceased from Apr 1, 1940 to May 17, 1940  
that I last saw him alive on May 17, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Paralytic ileus  
Peritonitis  
Due to Operation for Recto Sigmoid  
Carcinoma  
Due to Recto Sigmoid Carcinoma  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Recto-Sigmoid Carcinoma  
Of operations \_\_\_\_\_  
Of autopsy Paralytic Ileus  
with Peritonitis

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury 1  
23. Signature E. B. Dunbar (M. D. or other)  
Address 3346 Summit Date signed 5/18/40

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

MOTHER FATHER

**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

*C. K. Wise*

Licensed Embalmer No.

*2570*

P. O. Address

*R. O. Wise*

**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.**