

AUG 14 1940
Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **2436 Jackson**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **20 Yrs.** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Willis O. Messinger 25**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

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

6. (b) Name of husband or wife **Beulah Messinger** 6. (c) Age of husband or wife if alive **55** years

7. Birth date of deceased **Aug. 19 1872**
(Month) (Day) (Year)

8. AGE: Years **67** Months **10** Days **11** If less than one day hr. min.

9. Birthplace **Barnesville Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Salesman**

11. Industry or business

MOTHER FATHER { 12. Name **Frank Messinger**
13. Birthplace **Unknown Pa.**
14. Maiden name **Angeline Stephens**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **John O. Messinger**

(b) Address **2530 Cypressb K.C. Mo.**

17. (a) **Burial** (b) Date thereof **July 2-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Lawn**

18. (a) Signature of funeral director **Eylar Funeral Home**

(b) Address **1800 Lincoln K.C. Mo.**

19. (a) **July 1, 1940** (b) **M. M. Browne**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **2436 Jackson**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **30**
year **1940** hour **3** minute **0** A. M.

21. I hereby certify that I attended the deceased from **June 29**
19**40**, to **June 30**, 19**40**
that I last saw him alive on **June 29**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**

Due to **448**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: **None**
Of operations **None**
Of autopsy **None**

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?

361 (Specify type of place) While at work? (e) Means of injury

23. Signature **Kenneth G. Davis** (M. D. or other) **M.D.**

Address **3301 Woodland** Date signed **June 30 1940**

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

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 Chas. J. [Signature]

Licensed Embalmer No. 2644

P. O. Address 1800 [Signature]

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.