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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35604

Registration District No. 411 Primary Registration District No. 5569 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) ~~City or town~~ Rural Galena Twsp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 mile NW of Joplin 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 65 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Rural
(If outside city or town limits, write "RURAL")
0 (d) Street No. 1 Mile NW of Joplin
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME Washington Pren Messer
3. (b) If veteran, name war No
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 Sarah Messer
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased September (Month) 6 (Day) 1869 (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	1	7	hr. min.

9. Birthplace S Sedalia (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Miner 4
11. Industry or business Mining 9
FATHER
12. Name George Messer 1
13. Birthplace No Record (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Minerva Walker
15. Birthplace No Record (City, town, or county) (State or foreign country)
16. (a) Informant Frank Messer Joplin
(b) Address 327 N. Schiffer Decker Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-17-40 (Month) (Day) (Year)
(c) Place: burial or cremation Messer Cem
18. (a) Signature of funeral director Hurlbut Und Co
(b) Address 212 Joplin St. Joplin, Mo.
19. (a) 10-17-40 (Date received local registrar) (b) E D James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14
year 1940 hour 5 minute 45 P. M.
21. I hereby certify that I attended the deceased from 11/1/39
~~12/21/39~~, 19__, to 12/21/39, 19__;
that I last saw him alive on 7/4/40, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mitral Disease	
Due to Chr Nephritis	
Due to 121	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? 3 7 7 (Specify type of place)
While at work? (e) Means of injury
23. Signature James E Trotman (M. D. ~~or other~~) 1
Address 106 N. Main Date signed

(Licensed Embalmer's Statement on Reverse Side)

40-11-542

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 Sam E. Sweeney JS

Licensed Embalmer No. 4099

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.