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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 8 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 41195

Registrar's No. 4588

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

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: K.C. General Hospital No. 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 49 days (Specify whether years, months or days) In this community Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Kansas City (If outside city or town limits write "RURAL")

(d) Street No. 615 E. 9th (If rural, give location)

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

3. (a) PRINT FULL NAME: FRANK MESSMER

3. (b) If veteran, name war: No

3. (c) Social Security No.: Unk

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: January (Month) 20th (Day) 1881 (Year)

8. AGE: Years 59 Months 10 Days 10 If less than one day ____ hr. ____ min.

9. Birthplace: Louisville (City, town, or county) Ky (State or foreign country)

10. Usual occupation: Retired

11. Industry or business: Carpet Layer

FATHER
12. Name: Unknown Messmer
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name:
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Coda McGuire
(b) Address: 615 E. 9th St.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 12-2-40 (Month) (Day) (Year)
(c) Place: burial or cremation: Cremation Elmwood

18. (a) Signature of funeral director: J. F. O'Donnell Co.
(b) Address: 3206 Broadway, K.C. Mo.

19. (a) 12-2-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30th year 1940 hour 4 minute 10 A.M.

21. I hereby certify that I attended the deceased from 10-12-40, 19__, to 11-30-40, 19__; that I last saw him alive on 11-30-40, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of pharynx	
Due to:	
Due to:	
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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: Percy R. Thorn (M. D. or other)
Address: General Hosp. Date signed:

(Licensed Embalmer's Statement on Reverse Side)

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

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