

No. 2
13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1940 MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20610

State File No. _____

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 2140

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:
2816 E. 6th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 15 Years
years, months or days

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. 2816 E. 6th
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1941 hour 4 minute 30 a.m.

21. I hereby certify that I attended the deceased from Dec. 1st
_____, 1940, to May 31, 1941;
that I last saw him alive on May 31, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis *Duration 6 mo.*

Other conditions - Eufemism with
Due to accident in back of head *3 weeks*
slight Arterio Sclerosis *2 yrs.*
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

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 J. F. Swanson (M. D. or other) 0
Address 2816 East 6th St. Date signed 6/1/41

3. (a) PRINT FULL NAME ROBERT MESSING

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

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

6. (b) Name of husband or wife Ada Lee 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased: March 1860
(Month) (Day) (Year)

8. AGE: Years 81 Months 2 Days 11 If less than one day
hr. _____ min. _____

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

10. Usual occupation Retired Hardware Merchant

11. Industry or business Self

12. Name J. A. Messing

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Everett Messing

(b) Address 6932 Brooklyn

17. (a) Cremation (b) Date thereof June 2, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.

(b) Address 2825 Indop. Blvd. K. C. Mo.

19. (a) 6/2/1941 (b) M. M. Cronin
(Date received local registrar) (Registrar's signature)

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.....

B. W. Johnson

Licensed Embalmer No.....

2244

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, fact should be so stated above.