No. 2
1-13-40
17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 7 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

26402

State File No.

Registration District No. 845

Primary Registration District No. 6108

Registrar's No.

**1. PLACE OF DEATH:**
(a) County: Stone
(b) City or town: Reeds Springs (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)
In this community: about a year

**2. USUAL RESIDENCE OF DECEASED:**
(a) State: Missouri (b) County: Stone 104
(c) City or town: Reeds Springs - Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No.: Rural 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Benjaman F Messenger
3. (b) If veteran, name war: no
3. (c) Social Security No.: no.
4. Sex: M
5. Color or race: wh
6. (a) ~~Single~~, widowed, ~~married~~, divorced: Widowed
6. (b) Name of husband or wife: Mary Messenger
6. (c) Age of husband or wife if alive: dead years
7. Birth date of deceased: March (Month) 25 (Day) 1868 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 73 | 4 | | hr. min. |

9. Birthplace: Christain Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farming
11. Industry or business: ✓
FATHER
12. Name: Daniel messenger
13. Birthplace: ? (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Alma Mease
(b) Address: Reeds Springs, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 26 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Carmel-Cleve Mo
18. (a) Signature of funeral director: William Maples
(b) Address: Cleve Mo
19. (a) 7/26/41 (Date received local registrar) (b) R. S. Sherwood (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 25 year 1941 hour 5:30 minute A.M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw him ~~alive~~ on July 25, 1941; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| ~~Apoplexy~~ Cerebral Hemorrhage | 2 yr. |
| No medical attention | |
| Due to: Old age | |
| 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: Everett J. Cheatham Coroner (M.D. or other)
Address: Galena, Mo. Date signed 7/26/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 61
District File Number 841-1294
Date Filed AUG 5 1941

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, ~~only~~ or by Wilburn Maples, ~~Registered Apprentice No.~~ ~~working under my personal supervision~~.

Signed Everett J. Cheatham

Licensed Embalmer No. 8870

P. O. Address Braleva, Mo

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

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