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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 19 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27730

Registration District No. 27 Primary Registration District No. 40 21 Registrar's No. 99

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Cassville, Missouri
(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 ..... (Specify whether years, months or days)
In this community 70 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

(c) City or town Cassville
(If outside city or town limits, write "RURAL")

(d) Street No. .....
(If rural, give location) 0

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Mary Paulina Messer

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female /

5. Color or race White

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

6. (b) Name of husband ~~or wife~~ Melville Caldwell Messer

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

7. Birth date of deceased August (Month) 4 (Day) 1862 (Year)

8. AGE: Years 78 Months 1 Days 16 If less than one day ..... hr. ..... min.

9. Birthplace Berryville (City, town, or county) Arkansas / (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

MOTHER FATHER

12. Name John A. Bayless

13. Birthplace ✓ (City, town, or county) Alabama / (State or foreign country)

14. Maiden name Rebecca Cheney

15. Birthplace ✓ (City, town, or county) Tennessee / (State or foreign country)

16. (a) Informant Mabel Messer

(b) Address Cassville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 27, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Herine Culver

(b) Address Cassville, Missouri

19. (a) 9-30-1940 (Date received local registrar) (b) Geo. W. Neuman, M.D. (Registrar's signature) By M. M.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 20 year 1940 hour 11:00 minute A. M.

21. I hereby certify that I attended the deceased from July 29 1939 to September 20 1940; that I last saw her alive on September 20, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Cardiac Failure	—
Due to: Coronary Sclerosis	unk.
Due to: Arteriosclerosis	unk.
Other conditions: Parkinson's Disease (Include pregnancy within 3 months of death)	unk.

Major findings:
Of operations not done
Of autopsy not done

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 Geo. W. Neuman (M. D. or other)

Address Cassville, Missouri Date signed 9-25-1940

20 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 941-1501
Date Filed SEP 15 1941

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 G. E. Cole

Licensed Embalmer No. 3584

P. O. Address Caswell Me

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

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