

S. No. 2
-1-4-41
5-17-39
PI X25390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21637

State File No. _____

FILED JUL 17 1942

Registration District No. 449470

Primary Registration District No. 4283

Registrar's No. 6021

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

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mt Vernon Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether)
In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lawrence
(c) City or town Mt Vernon
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frank Allen Mesley

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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 Aug 10 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
19 8 _____ hr. _____ min.

9. Birthplace Mt. Vernon Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Frank Mesley
13. Birthplace Mt Vernon Mo
(City, town, or county) (State or foreign country)
14. Maiden name Sealy White
15. Birthplace Carthage Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Mesley
(b) Address Mt Vernon Mo
17. (a) Burial (b) Date thereof 6-20-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation J.O.O.F. Cemetery

18. (a) Signature of funeral director H.D. Fossett
(b) Address Mt Vernon Mo

19. (a) 6/24/42 (b) Audrey [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18th
year 1942 hour 10:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from Birth
19 _____ to June 18 1942
that I last saw h. alive on June 18 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure
(with dilatation)
Due to Patent Foramen
Ovale since
birth

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

Major findings: 157e
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?

While at work? _____ (Specify type of place)
(b) Means of injury _____
23. Signature Kenneth [Signature] (M. D. or other)
Address Mt Vernon Mo Date signed 6/24/42

1182

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 742-1005

Date Filed III 15 1942

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 Mrs H D. Fossett

Licensed Embalmer No. 2720

P. O. Address Mt. Vernon, N

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.