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M-5-42
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37031

FILED DEC 10 1942
Registration District No. 712

Primary Registration District No. 5428

Registrar's No. 74

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

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Gerald, Missouri
(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 _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin
(c) City or town Gerald, Mo. Rural
(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 Geo. Ed. Mesger
3. (b) If veteran. _____ 3. (c) Social Security No. _____
name war _____

20. DATE OF DEATH: Month Nov. day 26
year 1942 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from Nov 26, 1942 to Nov 26, 1942 that I last saw him alive on Nov 26, 1942, and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married. 2 divorced widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: April 8, 1868
(Month) (Day) (Year)

Immediate cause of death: Cerebral Apoplexy 1 da
Duration

8. AGE: Years 74 Months 7 Days 18 If less than one day _____ hr. _____ min.

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

9. Birthplace Union, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Farming

Major findings: No operation
Of operations: _____
Of autopsy: No autopsy
PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name G. E. Mesger
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Hokenauer
15. Birthplace Germany (City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Elmer Mesger
(b) Address Gerald, Missouri
17. (a) Burial, cremation, or removal Burial (b) Date thereof 11-29-42 (Month) (Day) (Year)
(c) Place: burial or cremation South Cemetery
18. (a) Signature of funeral director Ernest R. Ottman
(b) Address Gerald, Missouri
19. (a) (Date received local registrar) _____ (b) (Registrar's signature) _____

23. Signature J. H. Hatcher, M.D. (Specify type of place) (e) Means of injury _____
Address Bearfork, Mo. Date signed 11-27-42

1139

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.....

Ernest P. Altman

Licensed Embalmer No.....

4054

P. O. Address.....

Leald, Missouri

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37031
Registrar's No. 24

Registration District No. 712 Primary Registration District No. 5428

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Osceola
(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
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(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

Geo. Ed mesger

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex

m

5. Color or race

W

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

m

6. (b) Name of husband or wife

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

7. Birth date of deceased

April
(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

74

7

mo

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month

year 1942

hour

minute

M. 6

21. I hereby certify that I attended the deceased from

that I first saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____
(Specify type of place)

(e) Means of injury _____

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

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

MOTHER FATHER

SUPPLEMENTARY

