

S. No. 2
M-5-42
7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1223

State File No.

REG 1 JAN 30 1948
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 330

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

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **St. Mary's Hospital**
(d) Length of stay: In hospital or institution **60 days**
In this community **30 Years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **3934 Bell Street**
(e) Citizen of foreign country? (Yes or No) **No**

3. (a) PRINT FULL NAME **Eli Messmore**
3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan**, day **21**, year **1948**, Hour **5**, minute **30 A.M.**
21. I hereby certify that I attended the deceased from **Jan 21**, 19**48** to **Jan 29**, 19**48**
that I last saw him alive on **Jan 29**, 19**48** and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mrs. Betty Messmore** 6. (c) Age of husband or wife if alive **60** years
7. Birth date of deceased **Nov. 11, 1870**

Immediate cause of death **Uremia**
Due to **Cancer of bladder**
Due to **52B**

8. AGE: Years **72** Months **2** Days **10** If less than one day **hr. min.**

9. Birthplace **Illinois**

10. Usual occupation **Retired**

11. Industry or business **Real Estate**

12. Name **Jasper Messmore**

13. Birthplace **Penn.**

14. Maiden name **Harriet Foster**

15. Birthplace **Ohio**

16. (a) Informant **Mrs. Betty Messmore**

(b) Address **3934 Bell**

17. (a) **Removal** (b) Date thereof **1-23-48**

(c) Place: burial or cremation **Morrill, Kansas**

18. (a) Signature of funeral director **Freeman Mortuary**

(b) Address **Kansas City, Missouri**

19. (a) **1-22-48** (b) **M. M. Crowe**

Other conditions (include pregnancy within 3 months of death) **4**
Major findings: **as above**
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) (e) Means of injury.....
23. Signature **[Signature]** (M. D. or other) **[Signature]**
Address **[Signature]** Date signed **1-21-48**

The P. S. Myers

3-5

Standard Body

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 *Clarence W. Chiles*

Licensed Embalmer No. *3473*

P. O. Address *Ke Moo*

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.