

JUL 12 1943

Registration District No.

Primary Registration District No. 4383

Registrar's No.

1. PLACE OF DEATH:

(a) County Nodaway
 (b) City or town Graham
 (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 Nodaway
 (c) City or town Graham
 (If outside city or town limits, write "RURAL")
 (d) Street No.....
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Robert Lee Messick

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

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Fannie Messick
 6. (c) Age of husband or wife if alive 63 years
 7. Birth date of deceased Oct. 25 1873
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 7 15 hr. min.

9. Birthplace Hillmore Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business.....

12. Name William Messick
 13. Birthplace unknown
 14. Maiden name Eleanor Messick
 15. Birthplace unknown

16. (a) Informant Dwight Messick

(b) Address Grand City

17. (a) Graham (b) Date thereof June 12 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director James R. Pettigrew

(b) Address Oregon Mo

19. (a) June 10 (b) Mrs Ralph Scott
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10
 year 1943 hour 2 minute 10 P. M.

21. I hereby certify that I attended the deceased from Apr 1
1, 1943, to June 10, 1943
 that I last saw him alive on June 10, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death degenerative tubular
nephritis
arteriosclerosis
 Due to.....
 Due to.....

Other conditions.....
 (Include pregnancy within 3 months of death) 13 1/2 lbs

Major findings:
 Of operations none
 Of autopsy none

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 E. L. Morgan (M. D. or other)
 Address Graham Date signed 6/11/43

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

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MOTHER FATHER

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: *James H. Pettigohn*
Licensed Embalmer No. *3182*
P. O. Address: *Oregon Mo*

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.