

LED AUG 6 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3095

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Milner Hotel, 9th & Central /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX  
(Specify whether years, months or days)

In this community several years

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Mo. (b) County Jackson ?

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

(d) Street No. Milner Hotel  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country XX 0

3. (a) PRINT FULL NAME Robert M Messiock

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

3. (c) Social Security No. unknown

4. Sex M. 5. Color or race W.

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased July 16, 1867  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>11</u>	<u>24</u>	hr. _____ min.

9. Birthplace Elanville Alah. /  
(City, town, or county) (State or foreign country)

10. Usual occupation Insurance Broker

11. Industry or business \_\_\_\_\_

12. Name Unknown

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Coroners Office

(b) Address Jackson County, Mo.

17. (a) Burial (b) Date thereof 7/15/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cem

18. (a) Signature of funeral director H. Tigerman & Sons

(b) Address Kansas City, Mo.

19. (a) 7-14-43 (b) J. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day \_\_\_\_\_  
year 43 hour 10:20 PM M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_  
Brown

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Simple wound of head (self inflicted)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 164c

Of operations \_\_\_\_\_

Of autopsy negative

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence 7/10/43

(c) Where did injury occur? 9th & Central Ave  
(City or town) (County) (State)

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

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. E. Brown 3 7/13/43  
Address \_\_\_\_\_ Date \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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.....

*Francis Walton*, Registered Apprentice No. *2244*  
working under my personal supervision.

Signed *J. H. Regeman*

Licensed Embalmer No. *2744*

P. O. Address *R. E. 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.**