

No. 2
5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28633

State File No.

Registration District No. 1776

Primary Registration District No. 4280

Registrar's No. 67

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Stotts City
(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 45 years
years, months or days

2. USUAL RESIDENCE OF DECEASED: 55

(a) State Missouri (b) County Lawrence

(c) City or town Stotts City
(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 MARY G. MESSICK

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18, year 43 hour 8:25 minute A. M.

21. I hereby certify that I attended the deceased from April 10, 1943 to July 18, 1943 that I last saw her alive on July 18, 1943 and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife George Messick

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

7. Birth date of deceased February 18, 1849
(Month) (Day) (Year)

Immediate cause of death Senility

Duration _____

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

8. AGE: Years 94 Months 5 Days 0 If less than one day _____ hr. _____ min.

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace Nashville, Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 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 Mrs. Nora Shelton

(b) Address Wetumka, Okla.

17. (a) Burial (b) Date thereof 7-19-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eastview Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 Garrison, Carthage, Mo.

19. (a) Aug 28 (b) Anna Whitney
(Date received local registrar) (Registrar's signature)

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) Manner of injury _____

23. Signature Ed. C. Ulmer (M. D. _____)
Address Carthage, Mo. Date signed 7-19-43

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

RECEIVED

District Health Officer No. 6,

District File Number 943-1039

Date Filed SEP 11 1943

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.....

E. L. ...

Licensed Embalmer No.....

7222

P. O. Address.....

Carthage

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.