

NOV 1 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4322

1. PLACE OF DEATH:
 Jackson
 (a) County _____
 (b) City or town _____
 (c) Name of hospital or institution:
 3811 East 10th Street Terrace /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community _____ 47 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 48
 (c) City or town _____ Kansas City 2
 (d) Street No. _____ 3811 East 10th Street Terrace 8
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____ 0

3. (a) PRINT FULL NAME Mrs. Mabel May Messenger

3. (b) If veteran, name war No
 3. (c) Social Security No. None

4. Sex Female
 5. Color or race White
 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mr. Purcell Messenger
 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased July 13 1886
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	57	2	26	hr. min.

9. Birthplace Des Moines Iowa
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Charles Goetsche

13. Birthplace Des Moines Iowa
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Fisher

15. Birthplace Stanton Illinois
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Purcell Messenger

(b) Address 3811 East 10th Street Terrace

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

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Son

(b) Address 1401 Brush Creek Blvd.

19. (a) 10-11-43 N. E. Brown
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9th
 year 1943 hour 8 minutes 30 P. M.

21. I hereby certify that I attended the deceased on October 9, 1943 to October 9, 1943
 that I last saw her alive on October 9, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis 5 days
 according to history Sudden Death
 Due to Arteriosclerosis long standing & hypertension
 Due to _____

Other conditions (Include pregnancy within 3 months of death) g40

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? _____
 (d) Did injury occur in or about home, in industrial place, in public place? _____

While at work? yes (Specify type of place) (c) Means of injury _____

23. Signature John H. Lapp (M. D. or other) on 10/14/43
 Address 1304 Superior Blvd Date signed 10/14/43

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

MOTHER FATHER

13/14/97
12:30.4:30

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 Emile M. Colborn

Licensed Embalmer No. 3506

P. O. Address K C 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.