

7. S. No. 2
00M-5-43
Rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8719
1179
Registrar's No.

FILED MAR 29 1945
Registration District No. 179

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
General Hospital
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 12 hours
(Specify whether years, months or days)

In this community 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 3305 E 24th Terrace
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thomas Mezingo

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex MO 5. Color or race W

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

6. (b) Name of husband or wife Ethel

6. (c) Age of husband or wife if alive 1868 years

7. Birth date of deceased Jan 31 1868
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 12
year 1945 hour 10:35 minute P M.

21. I hereby certify that I attended the deceased from Canon, 19 , to , 19 ;
that I last saw h. Canon alive on , 19 ;
and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 1 Days 11
If less than one day hr. min.

Immediate cause of death Coronary occlusion

Due to arterio-sclerosis

Due to _____

Other conditions (include pregnancy within 3 months of death) 94a

9. Birthplace Meriville Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Postman

11. Industry or business Retired

12. Name no Record

13. Birthplace no Record
(City, town, or county) (State or foreign country)

14. Maiden name no Record

15. Birthplace no Record
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy no History & Inquest

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Helen Long

(b) Address 3305 E 24th St. Terrace

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 3/16/45
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park cem

18. (a) Signature of funeral director Brown-Meyers

(b) Address 2315 Lenwood

19. (a) 3-13-45
(Date received local registrar)

(b) T.E. Brown (03)
(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) Means of injury 3 Canon

23. Signature James Walker (M. D. or other) _____

Address 1424 Jefferson Ave Date signed 3-13-45

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.....

Licensed Embalmer No. 2560

P. O. Address..... 2315 Linnwood

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.