

FILED AUG 20 1945

Registration District No.

Primary Registration District No. 3023

Registrar's No.

61

1. PLACE OF DEATH:

(a) County Barry  
(b) City or town Monett  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Vincent Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days  
(Specify whether years, months or days)  
In this community 33 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry  
(c) City or town Monett  
(If outside city or town limits, write "RURAL")  
(d) Street No. 500 Bond St  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country none

3. (a) PRINT FULL NAME Thomas William Messick

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Anna Mae Messick 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased September 15 1867  
(Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 24 If less than one day hr. min.

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

10. Usual occupation Congressionary Store

11. Industry or business Individual Owner

12. Name George Messick

13. Birthplace Lawrence County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Beannett Bond

15. Birthplace Wat Union Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. T. W. Messick

(b) Address 500 Bond St, Monett Mo

17. (a) Burial (b) Date thereof July 11 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 100 F cem Monett Mo

18. (a) Signature of funeral director Callaway  
(b) Address Monett Missouri

19. (a) July 10-1945 (b) Audna Welloughley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9  
year 1945 hour 8 minute P M.

21. I hereby certify that I attended the deceased from May 5  
1945 to July 9 1945

that I last saw him alive on July 9 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Neurorrhage of stomach 2 hrs

Due to Carcinoma of stomach

Due to stomach cancer

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Hob

Of autopsy

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) (Specify type of injury)

23. Signature Frank Messick (M. D. or other)  
Address Monett Mo Date signed 7/10/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1820

RECEIVED  
District Health Officer No. 6,  
District File Number 845-880  
Date Filed AUG 14 1945

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. 3189  
P. O. Address.....

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.