S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36932

FILED DEC 12 1945

Registration District No. 79

Primary Registration District No. 3012

Registrar's No. 139

1. PLACE OF DEATH:

(a) County CLAY

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

(c) Name of hospital or ~~institution~~:
EXCELSIOR SPRINGS HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 2-DAYS 0 (Specify whether
In this community 27 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CLAY 24

(c) City or town LIBERTY 1
(If outside city or town limits, write "RURAL")

(d) Street No. 133-NORTH FAIRVIEW 1
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country -

3. (a) PRINT FULL NAME MRS. GWENDOLYN ERNESTINE M. MESSENGER

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE 1

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or ~~wife~~ MR. FRANK L. MESSENGER

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased APRIL (Month) 18 (Day) 1910 (Year)

8. AGE: Years 35 | Months 7 | Days 6 | If less than one day ___ hr. ___ min.

9. Birthplace JUNCTION CITY (City, town, or county) KANSAS 1 (State or foreign country)

10. Usual occupation SECRETARY TO MANAGER

11. Industry or business VETERAN'S ADMINISTRATION FACILITY

FATHER
12. Name HENRY B MOORE
13. Birthplace HACKINSAC (City, town, or county) NEW JERSEY 1 (State or foreign country)

MOTHER
14. Maiden name SARAH E. KIRKLAND
15. Birthplace NEAR JUNCTION CITY (City, town, or county) KANSAS 1 (State or foreign country)

16. (a) Informant Frank L. Messenger 133N FAIR. (1 Ave)
(b) Address 133 N. Fairview Liberty MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 27-1945 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ KANSAS CITY, MISSOURI

18. (a) Signature of funeral director O. H. Newcomer's Sons
(b) Address 1401-BRUSH CREEK BLVD K.C. MO.

19. (a) 11-27-45 (Date received local registrar) (b) Caroline Hutchings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24 year 1945 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov 22 1945, 19__ to Nov 24, 1945 that I last saw her alive on Nov. 24, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure

Due to Status Asthmaticus

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) M.D.

Address Excelsior Springs Date signed Nov 24-1945

1419 (Licensed Embalmer's Statement on Reverse Side)

KE...
District ...

District File Number .....

Date Filed 12-11-45

MAY 20 1946

107

MAY 21 1946

JAN 29 1947

DEC 19 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 Earl Rapp

Licensed Embalmer No. 23458

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.