

FILED FEB 28 1946
Registration District No. **383**

Primary Registration District No. **5655**

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

500

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mount Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 35 days
In this community 35 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
(c) City or town Eldorado Springs
(If outside city or town limits, write "RURAL")
(d) Street No. Route # 5
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Eunice Messick

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Earl Messick 6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased March 21 1903
(Month) (Day) (Year)

8. AGE: Years 42 Months 9 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Franklin Schmidt
13. Birthplace Moniteau County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Laura Ann Crane
15. Birthplace St. Clair County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk
(b) Address Mo. State San., Mount Vernon, Mo.

17. (a) Removal (b) Date thereof 12-25-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eldorado Springs Mo.

18. (a) Signature of funeral director W.D. Gurn

(b) Address El Dorado Springs

19. (a) 1-12-46 (b) DK Melbick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25
year 1945 hour Approximately 5:00 A.M.

21. I hereby certify that I attended the deceased from November 21 1945 to December 24 1945
that I last saw her alive on December 24 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis
Duration over 4 yrs.

Due to _____

Due to _____

Other conditions 12th
(Include pregnancy within 3 months of death)

Major findings: Extensive far advanced fibro-cases pulmonary of autopsy Tuberculosis.
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? _____ (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 _____

23. Signature U. F. Lyshaw (M. D. or other) M.D.

Address Mo. State San., Mount Vernon Date signed 12-25-45

159

RECEIVED

District Health Officer No. 6,

District File Number 145-157

Date Filed FEB 26 1946

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 M. B. Givner

Licensed Embalmer No. 1074

P. O. Address El Dorado Springs

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.