No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

10411

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17531

State File No.

FILED JUN 13 1946

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. ~~36~~ 77

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 wk. (Specify whether
In this community 84 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Andrew 2
(c) City or town Rosendale 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (~~Yes or No~~) 1
If yes, name country

3. (a) PRINT FULL NAME CHARLES HARDIN MESSICK
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced m 1
6. (b) Name of husband or wife Clara Lynch
6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased Jan (Month) 13 (Day) 1862 (Year)

8. AGE: Years 84 Months 3 Days 19 If less than one day ____ hr. ____ min.

9. Birthplace Freemore (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
MOTHER FATHER
12. Name Hardin Messick
13. Birthplace No Record (City, town, or county) Ky. 1 (State or foreign country)
14. Maiden name Betty un known
15. Birthplace un known (City, town, or county) 4 (State or foreign country)
16. (a) Informant Mrs. Effie Sick
(b) Address Kansas City Mo
17. (a) B (Burial, cremation, or removal) (b) Date thereof 5-5-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Savannah
18. (a) Signature of funeral director E. C. Brett
(b) Address Savannah Mo
19. (a) May 6, 46 (Date received by local registrar) (b) Bess Hall (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2 year 1946 hour 7 minute 40 p.M.
21. I hereby certify that I attended the deceased from 26 April, 1946 to 2 May, 1946 that I last saw him alive on 2 May, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia Hypostatic	2 days
Due to: Thrombosis Iliofemoral left femoral Artery	10 days
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operation: Thrombosis femoral Artery	
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? (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 Forest C. Young (M. D. or other) MD
Address Savannah Mo. Date signed 3 May 46

229 (Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 E. C. Brent

Licensed Embalmer No. 2650

P. O. Address Savannah 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.