

FILED JAN 7 1947

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5371

## 1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Kansas City  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Mary's Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 11-28-46-12-20-46  
 In this community 40 Years  
 years, months or days (Specify whether)

3. (a) PRINTED FULL NAME Mr. Edward Merton Messecar3. (b) If veteran, name war none3. (c) Social Security No. 500-20-924. Sex Male 5. Color or race white6. (b) Name of husband or wife Mrs. Ethel M Messecar 6. (c) Age of husband or wife if alive 62 years7. Birth date of deceased (Month) June (Day) 3 (Year) 18798. AGE: Years Months Days If less than one day  
67 6 17 hr. \_\_\_\_\_ min.9. Birthplace Illinois  
(City, town, or county) (State or foreign country)10. Usual occupation R.R. Mail Clerk11. Industry or business U.S.12. Name known13. Birthplace known  
(City, town, or county) (State or foreign country)14. Maiden name Adeline March15. Birthplace Dixon, Illinois  
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Ethel M Messecar(b) Address 3420 Locust17. (a) burial (b) Date thereof 12/23/46  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Floral Hill Cemetery18. (a) Signature of funeral director Gates Funeral Home(b) Address 1901 Olathe Blvd. K.C.K.19. (a) 12-23-46 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
 (c) City or town Kansas City  
 (If outside city or town limits, write "RURAL") 3  
 (d) Street No. 3420 Locust 5  
 (If rural, give location) )  
 (e) Citizen of foreign country? no. (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20  
55 year 1946 hour 7 AM minute \_\_\_\_\_ M.21. I hereby certify that I attended the deceased from Nov 28, 1946 to Dec 20, 1946  
that I last saw him alive on Dec 19, 1946  
and that death occurred on the date and hour stated above.Immediate cause of death. Acute Myocardial Infarction Duration 3 wksDue to Arteriosclerosis

Due to \_\_\_\_\_

Other conditions Diabetes Mellitus 3  
(Include pregnancy within 3 months of death)Major findings: LDL PHYSICIAN \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy Acute Myocardial Infarction LDL  
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 J. B. Bennett (M. D. or other) MD.Address 823 Argyle Bldg Date signed Dec 21 46

*Handwritten initials*

**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..... *W. L. Ward*

Licensed Embalmer No. *3991*

P. O. Address. *103 East 51*

**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.

*H. E. M.*

THE STATE BOARD OF HEALTH OF MISSOURI

BUREAU OF VITAL STATISTICS

State File No. ....

State of Missouri }  
 County of Jackson } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 5371

On this 27<sup>th</sup> day of January, 1947, before me appears Ethel M. Messecar, who, upon her oath, states that the original record of ~~birth~~ death for Edward Merton Messecar, <sup>died</sup> ~~born~~ 12-20-, 1946 in the State of Missouri, and which was filed at Kansas City, Mo. on 12-23-, 1946 should be corrected as follows:

Item No. 6b should read Ethel M. Messecar

Instead of Ethel L. Messecar

Item No. 14 should read Adeline Marsh

Instead of unknown

Item No. 15 should read Dixon, Illinois

Instead of unknown

Item No. 16a should read Mrs Ethel M. Messecar

Instead of Mrs Ethel L. Messecar

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Ethel M. Messecar Relationship wife

3420 Locust, K.C. Mo.  
 Present Address.

Subscribed and sworn to before me this 27<sup>th</sup> day of January, 1947.

My Commission expires Oct. 20. 1947 Barrie M. Ruppelius Notary Public.

Form 476 containing directions will not be accepted, draw one line through error and write above it.

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