

FILED JUN 9 1947

Registration District No. **146** Primary Registration District No. **5-5-68**

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

1. PLACE OF DEATH:
 (a) County **Jackson**
 (b) City or town **Fairmount Sta., Kansas City, Mo**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
24 Hiway & Willow 3 (Blue)
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **8 hours**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **CLARENCE L. MESSAMORE**
3. (b) If veteran **World War I** **3. (c) Social Security** **509-20-5818**
 name war No.

4. Sex **Male** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced** **Married**
6. (b) Name of husband or wife **Mrs. Olive Messamore** **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased **Nov. 22, 1895**
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-------|--------|------|----------------------|
| | 51 | 6 | 27 | _____ hr. _____ min. |

9. Birthplace **Ballard Co., Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **Labor**

11. Industry or business **Wadsworth Hospital**

MOTHER { **12. Name** **James Wm. Messamore**
13. Birthplace **Webster Co., Kentucky**
(City, town, or county) (State or foreign country)
14. Maiden name **Mattie Cowan**
15. Birthplace **Morgan Co., Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Clarence L. Messamore**

(b) Address **Lansing, Kansas.**
17. (a) **removal** **(b) Date thereof** **5/26/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lansing, Kansas.**

18. (a) Signature of funeral director **James C. Davis Funeral Home**
(b) Address **Leavenworth, Kansas.**

19. (a) **5-27-47** **(b)** **[Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Kans.** (b) County **Leavenworth 999**
 (c) City or town **Lansing (Rural)** **14**
(If outside city or town limits, write "RURAL")
 (d) Street No. **Box 234** **0**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **25th**
 year **1947** hour **5:45 PM** minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Coronary Occlusion**
Due to _____
Due to **Deputy Coroner**
Other conditions **94A**
(Include pregnancy within 3 months of death)
Major findings:
 Of operations _____
 Of autopsy **History & inspection**
PHYSICIAN
 Underline the cause to which death should be charged statelically.

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? _____

23. Signature **A. E. [Signature]** **(M. Board No.)**
(Specify type of place) While at work _____ Means of injury _____
Address **2050 Main St. [Signature]**

JUN 10 1947

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.....

Harlow H. Meyer, Registered Apprentice No. *3506*
working under my personal supervision.

Signed *John Pasley*.....

Licensed Embalmer No. *4308*.....

P. O. Address *Independence 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.