

No. 2  
-12-45  
5-17-39  
I X47070

FILED **AUG 9 1947**  
Registration District No. **275**

Primary Registration District No. **3047**

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

**1. PLACE OF DEATH:**

(a) County NEWTON

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

(c) Name of hospital or institution: SALE MEMORIAL HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
years, months or days

**3. (a) PRINT FULL NAME** MARY ELLEN MESSER

**3. (b) If veteran,** name war NONE

**3. (c) Social Security No.** NONE

**4. Sex** FEMALE **5. Color or race** White

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

**6. (b) Name of husband or wife** WILLIAM C. MESSER

**6. (c) Age of husband or wife if alive** 74 years

**7. Birth date of deceased** FEBRUARY 13 1872  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>75</u>	<u>5</u>	<u>11</u>	hr. _____ min. _____

**9. Birthplace** JACKSON Co. NORTH CAROLINA  
(City, town, or county) (State or foreign country)

**10. Usual occupation** HOUSEWIFE

**11. Industry or business** \_\_\_\_\_

**12. Name** JOHN BRADLEY

**13. Birthplace** JACKSON Co. NORTH CAROLINA  
(City, town, or county) (State or foreign country)

**14. Maiden name** NANCY NATIONS

**15. Birthplace** JACKSON Co. NORTH CAROLINA  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Wm. C. Messer

**(b) Address** 1400 Broadway Neosho Mo

**17. (a) BURIAL** (Burial, cremation, or removal)

**(b) Date thereof** 7-26-1947  
(Month) (Day) (Year)

**(c) Place: burial or cremation** Neosho 2,009. Cem.

**18. (a) Signature of funeral director** Corey Thompson

**(b) Address** Neosho Mo.

**19. (a)** Aug. 1, 1947 **(b)** W. H. ...  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County NEWTON **73**

(c) City or town NEOSHO **2**  
(If outside city or town limits, write "RURAL")

(d) Street No. 1400 BROADWAY **2**  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) **0**

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month JULY day 24 year 1947 hour 5:15 minute A.M.

**21. I hereby certify that I attended the deceased from** JULY 19 1947, to JULY 24 1947, that I last saw h. ER alive on 24 JULY 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	<u>FEMORAL EMBOLISM</u>	Duration	<u>5 DAYS</u>
Due to	<u>CHRONIC ENDOCARDITIS</u>		<u>1 YEAR</u>
Due to			
Other conditions (Include pregnancy within 3 months of death)			
Major findings: Of operations			
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? 0

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

**23. Signature** Leo J. Doyle (M. D. or other) MD

**Address** Neosho Mo. **Date signed** Aug 47

**RECEIVED**

District Health Officer No. Newton

District File Number 847-121

Date Filed 8-4-47

**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 Carey Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho 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.