

No. 2
-12-45
5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24939

FILED JUL 29 1947

Registration District No. 251

Primary Registration District No. 3-0-4-8

Registrar's No. 147

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:
Highway 46 West Edge of Town. 3
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Nodaway 74
 (c) City or town Parnell "Rural" 0
(If outside city or town limits, write "RURAL")
 (d) Street No. 4 Miles South 0
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country None

3. (a) PRINT FULL NAME GROVER HARRISON MESSNER

3. (b) If veteran, name war World War II 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 26, 1927
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>20</u>	<u>4</u>	<u>16</u>	<u>-</u> hr. <u>-</u> min.

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

10. Usual occupation Farming

11. Industry or business None

12. Name Emmett Messner

13. Birthplace Wash County Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Chloe Spoonmore

15. Birthplace Nodaway County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Emmett Messner
 (b) Address Parnell, Mo.

17. (a) Burial (b) Date thereof 7/15/47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Lawn Cemetery

18. (a) Signature of funeral director Paris Funeral Home
 (b) Address 120 East 1st, Maryville, Mo.

19. (a) 7/19/47 (b) Beas Bolt
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12th
 year 1947 hour 11 minute 30 P M.

21. I hereby certify that I attended the deceased from not attended 19. to 19. that I last saw him alive on not seen 19. and that death occurred on the date and hour stated above.

Immediate cause of death accidental Electrocutation Duration _____

Due to Contact 2300 Volt Electric wire during storm.

Due to _____

Other conditions S.H.P. Truck he was riding struck a tree, and he got out of truck & stepped on autopsay on side

Major finding: no operation

Of operations _____

Of autopsy no autopsay on side

Underline cause to which death should be charged statistically. 190c-8 27 PHYSICIAN

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 74

(b) Date of occurrence July 12 - 1947

(c) Where did injury occur? Maryville - Nodaway Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place - Street in Maryville Mo
(Specify type of place)

While at work? No Means of injury Contact live electric wire during storm

23. Signature L. D. Lewis (M.D. or other) M.D.
 Address Maryville Mo Date signed 7-15-47

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

MOTHER FATHER

DISTRICT HEALTH OFFICE
Cameron, Mo.

JUL 22 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

W L Gee

Licensed Embalmer No.....

2539

P. O. Address.....

Marionville 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.