

No. 2  
-1/47  
5-17-39

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED JAN 5 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 42406

Registration District No. 215

Primary Registration District No. 5791

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Monteau

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

(c) Name of hospital or institution 1 1/2 miles South west of California, Mo.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution since 1886  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Monteau 68

(c) City or town rural  
(If outside city or town limits, write "RURAL")

(d) Street No. 1 1/2 miles South west of California  
(If rural, give location)

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

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

3. (a) PRINT FULL NAME ROTTLIEB MESSERLI

3. (b) If veteran, name war No.

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Mary E. Schuman

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct 23 1864  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>83</u>	<u>2</u>	<u>2</u>	_____ hr. _____ min.

9. Birthplace Pigginsten Switzerland  
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

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

12. Name Fred Messerli

13. Birthplace Pigginsten Switzerland  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Niederhausen

15. Birthplace Pigginsten Switzerland  
(City, town, or county) (State or foreign country)

16. (a) Informant Martha Messerli

(b) Address California, Mo.

17. (a) burial (b) Date thereof 12-27-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation California, Mo.

18. (a) Signature of funeral director A. E. Wilson

(b) Address California, Mo.

19. (a) 12/20/47 (b) C. H. Nail  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25  
year 1947 hour \_\_\_\_\_ minute 5 A. M.

21. I hereby certify that I attended the deceased from 6-21  
1947 to 12-25 1947  
that I last saw him alive on Dec 20 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to Generalized arteriosclerosis

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_ (Specify type of place)

23. Signature Kenyon Latham (M. D. or other)

Address California, Mo Date signed 12-25-47

Duration 2 years

PHYSICIAN \_\_\_\_\_

Underline the cause of which death should be charged statistically.

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

JAN 19 1959

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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.....

*A. E. Wilson*

Licensed Embalmer No. *2351*

P. O. Address *California, 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.