

No. 2
1-47
5-12-59

1525

State File No.

National Office of Vital Statistics
FILED FEB 6 1948 56
Registration District No.

Primary Registration District No. 201

Registrar's No.

1. PLACE OF DEATH:

(a) County..... Jasper

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

(c) Name of hospital or institution:
Nursing Home, 1805 Grand, Joplin
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... Jasper ⁴⁹

(c) City or town..... Joplin ²
(If outside city or town limits, write "RURAL")

(d) Street No. 3312 Moffet, Joplin, Mo. ⁵
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME..... Albert Messley

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex..... M

5. Color or race..... Wh

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

6. (b) Name of husband or wife..... Dovie Messley

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

7. Birth date of deceased..... May 9 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>8</u>	<u>9</u>	hr. min.

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

10. Usual occupation..... Retired

11. Industry or business.....

12. Name..... John Messley

13. Birthplace..... Switzerland ⁵
(City, town, or county) (State or foreign country)

14. Maiden name..... Ann King

15. Birthplace..... Switzerland ⁵
(City, town, or county) (State or foreign country)

16. (a) Informant..... Dovie Messley

(b) Address..... 3312 Moffet, Joplin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof..... Jan 22, '48
(Month) (Day) (Year)

(c) Place: burial or cremation..... Forest Park Cem.

18. (a) Signature of funeral director..... Parker-Hunsaker

(b) Address..... 1502 Joplin, Joplin, Mo.

19. (a) 1-24-48 (Date received local registrar)

(b) Bolomenkamp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18
year 1948 hour 10: minute..... P.M.

21. I hereby certify that I attended the deceased from 19 to 19 and that death occurred on the date and hour stated above.

Immediate cause of death..... Coronary Occlusion

Due to..... arteriosclerosis

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... 947

Of autopsy..... Coronary Occlusion

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)

23. Signature..... Dr. H. H. Hunsaker (M. D. or other) ²⁰

Address..... 5117 Joplin Date signed..... 1/24/48

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

MOTHER FATHER:

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.....

F. M. Jones

Licensed Embalmer No.....

2319

P. O. Address.....

Job line 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7-1
Registrar's No. _____

Registration District No. 15-6 Primary Registration District No. 2041

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Jasper
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (years, months or days)

3. (a) PRINT FULL NAME

Albert Messley
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

7. Birth date of deceased may (Month) 9 (Day) 1908 (Year)

8. AGE: Years 80 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country) Ohio

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 1-24-48 (b) Robert Sampkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration _____

Due to _____

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? _____

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

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

SUPPLEMENTARY

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

S-1525