

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

13430

State File No. _____

FILED APR 29 1948

Registration District No. 2285

Primary Registration District No. 4335

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town Tipton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 64 years (Specify whether years, months or days)

3: (a) PRINT FULL NAME Charley E. Messerly

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

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased March, 14th. 1873
(Month) (Day) (Year)

8. AGE: Years 75 Months 1 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Harness Maker

11. Industry or business Above

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Alice Hamlin (Daughter)

(b) Address 3600 Park Ave. K.C. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/25/48 (Month) (Day) (Year)

(c) Place: burial or cremation Tipton, Mo

18. (a) Signature of funeral director Jessie E. Richard

(b) Address Tipton Mo

19. (a) 4-24-48 (Date received local registrar) (b) Mrs. Maud Hudson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 23
year 1948 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 1, 1948 to Apr. 23, 1948
that I last saw him alive on Apr. 22, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Duration _____

Due to _____

Due to _____

Other conditions Prostatic carcinoma
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 5/13

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 J. F. Potts (M. D. or other) MD

Address Tipton Mo Date signed 4/23/48

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

MOTHER FATHER

Date Filed ~~Feb 28 1948~~

District File Number

District Health Officer No. 9

RECEIVED

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 me

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

Signed Jessie C. Richards

Licensed Embalmer No. 2466

P. O. Address TIPTON-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.