

S. No. 2
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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15918**

FILED MAY 18 1948

Registration District No. **174**

Primary Registration District No. **4186**

Registrar's No. **61**

36.
4
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County Franklin
 (b) City or town Sullivan
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: North Side Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days
 In this community years
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Franklin 36
 (c) City or town Rural - Warramett Twp 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. Sullivan, Mo. Rt. 2.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Michael Messmer
3. (b) If veteran, name war No.
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 8
 year 1948 hour 4 minute 30 A.M.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alvena Orlob Messmer
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Jan. 15 1880
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 6 1948, to May 8 1948
 that I last saw him alive on May 7 1948
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>3</u>	<u>24</u>	hr. _____ min. _____

Immediate cause of death peritonitis, general
 Due to not determined -
 Due to _____

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

Other conditions 129
 (Include pregnancy within 3 months of death)

10. Usual occupation Farmer
11. Industry or business Farm

Major findings: exploratory drainage
 Of operations May 7 - 1948
 Of autopsy _____

12. Name Unknown Messmer
13. Birthplace Unknown Unknown
 (City, town, or county) (State or foreign country)
14. Maiden name Unknown Unknown
15. Birthplace Unknown Unknown
 (City, town, or county) (State or foreign country)

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?

16. (a) Informant John Messmer
(b) Address Sullivan, Mo. Rt. 2.

23. Signature Ed Bratter (M. D. or public)
 Address Sullivan Mo Date signed 5/9/48

17. (a) Burial (b) Date thereof May 10/48
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cave Spring

18. (a) Signature of funeral director Thos. P. Stoffer
(b) Address 65 N. Clark Sullivan, Mo.

19. (a) 5-9-48 (b) Ed Bratter
 (Date received local registrar) (Registrar's signature)

Date Filed
MAY 17 1948
District File Number
District Health Officer No. 9

RECEIVED

MAY 27 1948

MAY 14 1951

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 *Robert M Murray*

Licensed Embalmer No. *3749*

P. O. Address *Sullivan, 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.