S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 15 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19858

Registration District No. 36

Primary Registration District No. 2001

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: 2009 W. 13th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 6 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 2009 W. 13th
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Orval Messer

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased May (Month) 6 (Day) 1909 (Year)

8. AGE: Years	Months	Days	If less than one day
39	0	25	hr. ..... min.

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

10. Usual occupation Hospital Orderly

11. Industry or business hospital

FATHER
12. Name Sam Messer
13. Birthplace Galena Kansas
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Birdie Sligar
15. Birthplace Galena Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Birdie Messer
(b) Address 2009 W. 13th Joplin

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation Messer Cem. Kansas

18. (a) Signature of funeral director Thornhill-Dillon
(b) Address Joplin, Mo.

19. (a) 6-5-48 (Date received local registrar) (b) Dolores Lampkin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 1
year 1948 hour 5 minute 30 P M.

21. I hereby certify that I attended the deceased from 11-26, 1946, to 5-14, 1948
that I last saw him alive on 5-14, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Miocardial failure	over 2 yrs.
Due to Chronic myocarditis	"
Due to Chronic nephritis	"
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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature B. Ehlefar (M. D. or other)

Address Frisco Bldg., Joplin, Mo. Date signed 6-4-48

(Licensed Embalmer's Statement on Reverse Side)

48-6-537

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 Cecil a. Thornhill

Licensed Embalmer No. 3590

P. O. Address Joplin, 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.