

SEP 1 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

29709
Do not use this space.

1. PLACE OF DEATH
(a) County Miller Registration District No. 564
(b) Township Excelsior Primary Registration District No. 4333 Registered No. 12
(c) City Pittsburg (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles Marion Messersmith
(a) Residence, No. Pittsburg Mo St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (If in the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Winnie Alice Messersmith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12 - 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
65 7 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. County official
9. Industry, or business in which work was done, as saw mill, bank, etc. Merchant
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iberia Mo

FATHER
13. NAME Hiram Messersmith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Elizabeth Mo

MOTHER
15. MAIDEN NAME Harriett Rowden
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion County Mo

17. INFORMANT (ADDRESS) Mrs. Charles Messersmith Pittsburg

18. BURIAL, CREMATION, OR REMOVAL PLACE Pittsburg DATE 8/13 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) O'Casey Iberia Mo

20. FILED 8-16 1939 L. M. Garner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug - 11 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1937, to Aug, 1939
I last saw him alive on Aug 11 1939 Death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:
Carcinoma originating in left maxillary sinus metastasizing to lungs and medium sternum Date of onset July 1937

Other contributory causes of importance: 67

Name of operation Radical Autrium Date of July 1937
What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) M. C. Humphrey D.O.
497 (Address) Pittsburg, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

Miller County Health Dep't.

County File Number. 39-101

Date Filed 8-16-39

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

Loren Adams

Registered Apprentice No. 211

working under my personal supervision.

Signed C. H. Bailey

Licensed Embalmer No. 2694

P. O. Address

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, above space should be left blank.