

144

2634

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. _____
Registrar's No. 49
English Ave.
(St. & No. (or) Name of Institution)

1. Place of Death: (a) County Gile (b) City or Town Central Heights (c) Location _____
(If outside city limits also write RURAL)
(d) Length of Stay: In Hospital or Institution 0 days In Community 6mths
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Oklahoma (b) County Creek County (c) City or Town Drumright
(If outside city limits also write RURAL)
(d) Street No. unknown (e) Citizen of foreign country (Yes or No) no
If Yes, which country _____ (c) Social Security No. none
(b) If Veteran name war none

3. (a) FULL NAME John Milton Messecher
4. Sex male 5. Race White Indian Negro Oriental
6. (a) Single, married, widowed or divorced single
6. (c) Age of husband or wife, if alive. ** yrs. _____
7. Birthdate of deceased Dec. 14, 1871 (Year)
(Month) (Day)
If less than one day
8. AGE: Years Months Days hrs ** min **
76 5 4 _____
9. Birthplace Sedan, Kansas (State or Country)
(City, town or county)
10. Usual Occupation produce peddler
11. Industry or Business produce salesman
Father { 12. Name Silas Messecher
13. Birthplace Wheeling, West Va. (State or Country)
Mother { 14. Maiden Name Sarah Ann Nower
15. Birthplace Cedar Rapids, Iowa (State or Country)
16. (a) Informant's own signature Mrs Edna Yaker
(b) Address Box 1029 Globe, Arizona
17. (a) Burial, Cremation or Removal burial
(b) Place Pinal Cemetery Date 5/22/1948
(c) Place Central Heights
18. (a) Embalmer's Signature Frank H. Gray
(b) Funeral Director Frank H. Gray
(c) Address 322 S. Hill St. Globe, Ariz.
19. (a) May 26-48 (Date received Local Registrar)
(b) Gene Wauless (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May 18, 1948
TIME (Hour and minute) 5: a.m.
21. I hereby certify that I attended the deceased from May 18, 1948
to May 17, 1948
that I last saw him alive on _____
and that death occurred on the date and hour stated above.
Immediate cause of death Cardiac decompensation 3 wks

Due to _____
Due to _____
Other conditions (include pregnancy within three months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

DURATION _____
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 Gene Wauless Date signed May 25, 1948
Address _____