

FILED APR 22 1942

Registration District No. 571

Primary Registration District No. 2769

Registrar's No. 14

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

508
000

1. PLACE OF DEATH:

(a) County Moniteau

(b) City or town rural Walker Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether _____)

In this community 76
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Moniteau ⁰⁵⁸

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

(d) Street No. 3 mi. north west of California
(If rural, give location) ⁰

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME AMBROSE HESS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9
year 1942 hour 11 minute 10 P.M.

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Mary Elizabeth Parsday Hunt

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

7. Birth date of deceased May 22, 1896
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 20, 1942, to March 9, 1942, that I last saw him alive on March 9, 1942, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>9</u>	<u>17</u>	hr. _____ min. _____

Immediate cause of death Acute appendicitis and uric acid

Due to Hypertrophied Prostate ^{10 years}

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

Due to _____

10. Usual occupation farmer & trader

Other conditions (Include pregnancy within 3 months of death) 12/11

11. Industry or business _____

Major findings: Of operations none

12. Name Benjamin Hess

Of autopsy _____

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

14. Maiden name Mary Garland

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

16. (a) Informant Mrs. Everett Wilson

(b) Address 10150.001, California, Mo.

17. (a) Funeral (b) Date thereof 3-11-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Allen Cemetery

18. (a) Signature of funeral director J. W. Wilson & son

(b) Address California, Mo.

19. (a) Mar. 10-42 (b) Mrs. Gannio Rock
(Date received local registrar) (Registrar's signature)

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 Edgar A. Kibbe (M. D. certifier)

Address California 710 Date signed 3/10/42

Duration 10 years

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.....

A. E. Wilson

Licensed Embalmer No.....

2351

P. O. Address.....

California, 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.