

FILED SEP 18 1944

Registration District No. 274

Primary Registration District No. 2052

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

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution:
1402 East 4th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community seventeen years

3. (a) PRINT FULL NAME Arthur Hess

3. (b) If veteran, name war none

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Dora Breshears Hess

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased January 7, 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>8</u>	<u>3</u>	_____ hr. _____ min.

9. Birthplace Moniteau County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Mo-Pac. Shops

MOTHER FATHER {

12. Name Ambrose Hess

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

14. Maiden name Mary E. Birdsong

15. Birthplace Moniteau County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dora B. Hess (wife)

(b) Address 1402 E. 4th, Sedalia, Mo.

17. (a) Burial (b) Date thereof 9/12/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Allee Cemetery, Moniteau County, Missouri

18. (a) Signature of funeral director Evilyn Kuntz

(b) Address Sedalia, Mo.

19. (a) 9/12/44 (b) Mrs. Dora B. Hess
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

(d) Street No. 1402 East 4th
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10
year 1944 hour 2:05 minute A. M.

21. I hereby certify that I attended the deceased from Sept 10, 1944 to _____ 19____
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN 94 f

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. J. Bishop (M. D. or other) _____
Address Sedalia, Mo. Date signed 9/12/44

OCT 17 1944

OCT 28 1945

6 1944

OCT 19 1944

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 Dorane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia 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.