

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25658

State File No. _____
Registrar's No. 411

MO 100-25-1941-71

Primary Registration District No. 5769

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

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 _____ (Specify whether)In this community entire lifetime (Specify whether)years, months or days

3. (a) PRINT FULL NAME Mary Elizabeth Hess
3. (b) If veteran, name war _____ 3. (c) Social Security No. ✓

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced 9
6. (b) Name of husband or wife Ambrose Hess 6. (c) Age of husband or wife if alive 8.5 years
7. Birth date of deceased April 10 1859
(Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____
12. Name William Birdsong
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Martha Anna Allee
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Everett Wilson
(b) Address California Mo.

17. (a) Burial (b) Date thereof July 7, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Allee cemetery

18. (a) Signature of funeral director J. W. Wilson & Son
(b) Address California Mo.

19. (a) 7-8-41 (b) H. R. Robeson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Moniteau 68
(c) City or town California Mo. rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 5 day _____
year 1941 hour 14 minute P M.

21. I hereby certify that I attended the deceased from Oct 1 1940, to July 5 1941;
that I last saw her alive on July 3 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration Instant

Due to Chronic Cardio-vascular disease 5 years

Due to _____
Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations none Of autopsy none
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? _____

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

23. Signature Edgar A. Fells (M. D. or other) ✓
Address California Date signed 7/6/41

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.