

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied, AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

State Department of Health
Division of Vital Statistics
STATE OF IOWA

1. PLACE OF DEATH
County North State IOWA Registered No. 904
Township Union or Village 6015 or City 4546 St. 23211 Ward

(If death occurred in a hospital or institution give its name instead of street and number)
Length of residence in city or town where death occurred yrs mos ds. How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME Samuel Emanuel Hess
(a) Residence. No. 200 St. 200 Ward 200
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married
6. DATE OF BIRTH (month, day, and year) Oct. 30 1858
7. AGE Years 79 Months 7 Days 10 If less than 1 day, hrs. or mins.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Wisconsin
13. NAME Jacob Hess
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Barbara Ann Chman
16. BIRTHPLACE (city or town) (State or country) Germany
17. INFORMANT Mrs. J. H. Constant (Address) Union City, Mo
18. BURIAL, CREMATION, OR REMOVAL
Place Denver, Mo Date June 13, 1938

19. LICENSED EMBALMER Longt Boyd No. (Address)

20. FILED June 12, 1938 Mrs. C. P. Bond Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 10, 1938
22. I HEREBY CERTIFY, That I attended deceased from May 1, 1938 to June 10, 1938
I last saw him alive on June 10, 1938, death is said to have occurred on the date stated above, at 6:10 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

angina pectoris do not know
Date of onset

Contributory causes of importance not related to principal cause:

Name of operation 942 Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

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) A. E. Long! M. D.

(Address) Shuridan

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIANS.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY LICENSED EMBALMERS.

Has decedent ever served in military or naval service of the U. S.?..... If so give name of War.....

I..... Licensed Embalmer No..... hereby certify that
the body recorded on the reverse side of this certificate was embalmed by..... L. E.
No..... or by..... Registered apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

NOTE: The above statement MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING.
(Failure to comply with the above constitutes grounds for revocation of license).