

1939 APR 25 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

11491  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Randolph Registration District No. 731  
 (b) Township Clifton Hill Primary Registration District No. 4436 Registered No. 5  
 (c) City Clifton Hill Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME BESSIE LEE HARDISTER  
 (a) Residence, No. Clifton Hill Mo St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
 4. COLOR OR RACE W  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anthony Hardister  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9, 1884  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
55 0 7  
 OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 15, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1936, to March 15, 1938  
 I last saw her alive on March 15, 1938. Death is said to have occurred on the date stated above, at 8:40 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of uterus  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance:  
 Name of operation Explantary Date of Feb 13, 1938  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 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?  
 If so, specify \_\_\_\_\_  
 (Signed) W. C. Abraham, M. D.  
 (Address) Clifton Hill Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chariton Co  
 MOTHER FATHER  
 13. NAME A. Y. Mason  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry  
 MOTHER  
 15. MAIDEN NAME Lucy Lee  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 17. INFORMANT (ADDRESS) A. T. Hardister  
Clifton Hill Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Clifton Hill DATE Mar 17, 1939  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Tom B. Patton  
Humboldt Mo  
 20. FILED Apr 6, 1939 Abraham  
Local Registrar.

N. B.—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.

WHILE SERVING WITH OUR ARMY IN THE GREAT WAR I X18603

RECEIVED

District Health Officer No. 10

District File Number 10-39-686

Date Filed APR 13 1939

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville

**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, above space should be left blank.**