

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

17959
 Do not use this space.

JUN 15 1939

1. PLACE OF DEATH

(a) County Barton Registration District No. 141
 (b) Township Osark Primary Registration District No. 5063 Registered No. _____
 (c) City Liberal, Mo. (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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 Annetta Admira Hesford

(a) Residence, No. Liberal, Missouri St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William B. Hesford
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 5 1849
 7. AGE YEARS 90 MONTHS 2 DAYS 23 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 1925 11. Total time (years) spent in this occupation all.
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baraboo Wisconsin
 FATHER 13. NAME George Fenimore Nelson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lockport New York
 MOTHER 15. MAIDEN NAME Sarah Crawford
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fairfield Ohio
 17. INFORMANT Mrs. Alice Hedger (ADDRESS) Liberal Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Liberal Mo. DATE May 30 1939
 19. FUNERAL DIRECTOR Berkey Funeral Service (ADDRESS)
 20. FILED June 7 1939 F. R. Spell M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28 1939
 22. I HEREBY CERTIFY, That I attended deceased from Apr, 1939, to May, 1939
 I last saw her alive on Apr 10 1939. Death is said to have occurred on the date stated above, at 11 p.m.
 The principal cause of death and related causes of importance were as follows:
Infarct of age
 Date of onset _____
 Other contributory causes of importance: 16 1/2
 Name of operation None Date of _____
 What test confirmed diagnosis? autopsy Was there an autopsy? No.
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? 0 Date of injury 0, 1939
 Where did injury occur? 0 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury 0
 Nature of injury 0
 24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify _____ (Signed) A. G. Edleman, M. D.
 (Address) Liberal, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

STATEMENT BY LICENSED EMBALMER

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 MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)