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.

REC'D JUL 13 1939

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

23402
Do not use this space.

1. PLACE OF DEATH
(a) County Scott Registration District No. 1151
(b) Township Tilmo Primary Registration District No. 4588 60 CSA Registered No. 9
(c) City Illmo R.F.D. (d) Street No. Illmo R.F.D. 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 John Hess
(a) Residence, No. Illmo RFD. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 18, 1860
7. AGE Years 79 Months 4 Days 20 If LESS than 1 day, ...hrs. or ....min.

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. Farming
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) New Hamburg Mo.

FATHER
13. NAME Nick Hess
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alsac-Lorraine France

MOTHER
15. MAIDEN NAME Legrand
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alsac-Lorraine France

17. INFORMANT (ADDRESS) Lena Hess Illmo Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Kelso Mo DATE June 10, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Crowell Funeral Home Fornfelt Mo.
20. FILED June 9, 1939 Paul Bray Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1939
22. I HEREBY CERTIFY, That I attended deceased from 12/2, 1939, to June 7, 1939
I last saw him alive on Apr. 12, 1939. Death is said to have occurred on the date stated above, at 11:00 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Date of onset
Other contributory causes of importance:
Hypertension
Chronic Nephritis
Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No
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? No
If so, specify
(Signed) [illegible] M. D.
(Address) Illmo Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2,
District File Number 734-43
Date Filed 7-11

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, C. J. Forberg, or by

Registered Apprentice No. ____, working under my personal supervision.

Signed C. J. Forberg

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau

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

If this body is not embalmed, above space should be left blank.