

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

26313  
 Do not use this space.

REC'D AUG 18 1939

1. PLACE OF DEATH  
 (a) County Morgan Registration District No. 597  
 (b) Township Essex Primary Registration District No. 5792 Registered No. \_\_\_\_\_  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ 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.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Sarah Kathryn Hess  
 (a) Residence, No. \_\_\_\_\_ 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 married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elbert Hess  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 2 - 1899  
 7. AGE YEARS 59 MONTHS 10 DAYS 2 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 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 \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co Mo  
 13. NAME Andrew Jackson  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monteville Co Mo  
 15. MAIDEN NAME Martha Jane Priddy  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown  
 17. INFORMANT Elbert Hess (ADDRESS) Barnett Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Woods Cemetery DATE Aug 3, 1939  
 19. FUNERAL DIRECTOR (ADDRESS) Carl Young Barnett, Mo  
 20. FILED 8/10, 1939 W E Collison Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 2, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1937, to Aug 2, 1939  
 I last saw her alive on July 25, 1939. Death is said to have occurred on the date stated above, at 4:20 m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Bronchitis Date of onset 1935  
95 lb  
 Other contributory causes of importance:  
Constitutional Inadequacy  
Decompensation of Heart  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Chinoid 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) J. Logan Ash M. D.  
527 Versailles, Mo (Address)

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.

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RECEIVED

District Health Officer No. 7,

District File Number 1-39-1230

Date Filed 8-12-39

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**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.)**