S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 23 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6203

Registration District No. 12d

Primary Registration District No. 3009

Registrar's No. 95

1. PLACE OF DEATH:

(a) County Cape Girardeau County

(b) City or town Cape Girardeau, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1435 Whitner Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 8 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape G.

(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")

(d) Street No. 1435 Whitner St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? X years.

3. (a) PRINT FULL NAME John (Jack) William Hess 200

3. (b) If veteran, name war X

3. (c) Social Security No. 488 07 6581

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth K. Hess

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased November (Month) 20 (Day) 1902 (Year)

8. AGE: Years 37 Months 4 Days 15 If less than one day ___ hr. ___ min.

9. Birthplace Charleston (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Mastergrip Construction Co.

FATHER
12. Name Ferdinand James Hess
13. Birthplace Trenton (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Price Emma Faris
15. Birthplace Wolf Island (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Ferd Hess
(b) Address 406 W.46th Terrace, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/7/1940 (Month) (Day) (Year)
(c) Place: burial or cremation I. O. O. F. Cemetery

18. (a) Signature of funeral director Lair-Nunnelee
(b) Address Charleston, Missouri 121

19. (a) 3-5-40 (Date received local registrar) (b) J. M. Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5 year 1940 hour ___ minute ___ M.

21. I hereby certify that I attended the deceased from ___, 19__; to ___, 19__; that I last saw h___ alive on ___, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death We the jury duly sworn and affirmed by Coroner E. R. Trickey after hearing the evidence given in the case we the jury find that the deceased Jack W. Hess came to his death through accidental discharge of Revolver while apparently cleaning same.

Duration

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident.
(b) Date of occurrence March 5 1940.
(c) Where did injury occur? 1435 Whitener St (City or town) (County) Home (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? At Home in Chair (Specify type of place)
While at work? No (e) Means of injury Bullet wound in head

23. Signature E. R. Trickey Coroner (M. D. or other) 4
Address 4 S. Pacific St Cape Gir Date signed Mar 7

(Licensed Embalmer's Statement on Reverse Side)

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 John F. Nimmelu Jr

Licensed Embalmer No. 3051

P. O. Address Charleston Mi

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

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