

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.

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

23090

Do not use this space.

1. PLACE OF DEATH

(a) County Wayne Registration District No. 891
(b) Township Clinton Primary Registration District No. 4540
(c) City Piedmont, Mo. (d) 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

(a) Residence, No. 200 BERTHA LEE BESS St. Piedmont, Mo.
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Ray William Bess
(OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9, 1896
7. AGE YEARS 44 MONTHS 1 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Work
9. Industry or business in which work was done, as saw mill, bank, etc. House Work
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) Piedmont, Mo.
FATHER 13. NAME John H. Huntley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
MOTHER 15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
17. INFORMANT (ADDRESS) Ray H. Bess
Piedmont, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Pike, Mo. DATE Mar 18, 1940
19. FUNERAL DIRECTOR (ADDRESS) Herman H. Gish
Piedmont, Mo.
20. FILED 6-22- 19 40 P. C. Piles, M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 17- 19 40

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1940, to March 17, 1940

I last saw her alive on March 11, 1940 Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Indurated, Labor Injuries
Date of onset _____

Other contributory causes of importance: 110

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? 10

If so, specify _____

(Signed) P. C. Piles, M. D.

(Address) Piedmont, Mo.

STATEMENT BY LICENSED EMBALMER

I, Norman W. Gish, Licensed Embalmer No. 3387
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Norman W. Gish
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed

Norman W. Gish
Licensed Embalmer No. 3387

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.)