

No. 2
4-13-40
5-17-39
PI X23159

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **25467**

Registration District No. **417** Primary Registration District No. **3021** Registrar's No. **76**

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town WEBB CITY
 (c) Name of hospital or institution: 1302 WEST FOURTH
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ years, months or days

3. (a) PRINT FULL NAME Kathryn Joyce Bess
(b) If veteran, name war _____ **(c) Social Security No.** _____

5. Color or race White
6. (a) Single, widowed, married, divorced Child
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased Nov 3 1938
 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>1</u>	<u>8</u>	<u>10</u>	hr. _____ min. _____

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

10. Usual occupation Child

11. Industry or business _____

MOTHER FATHER

12. Name Wiley Bess
13. Birthplace Missouri
 (City, town, or county) (State or foreign country)
14. Maiden name Agnes Hamilton
15. Birthplace Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Wiley Bess
(b) Address Webb City, Mo

17. (a) Burial _____ **(b) Date thereof** July 15 1940
 (Burial, cremation, or removal) (Month)/(Day) (Year)
(c) Place: burial or cremation Fiskins Cemetery

18. (a) Signature of funeral director Webb City, Mo
(b) Address Webb City, Mo

19. (a) JULY 15 40 **(b) [Signature]**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
 (c) City or town Webb City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1302 W 4th St
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14
 year 1940 hour 3 minute 30 P M.

21. I hereby certify that I attended the deceased from July 13, 1940, to July 14, 1940
 that I last saw her alive on July 14, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death
Acute iller colitis

Duration
1 day

Due to _____

Due to _____

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) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

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 While at work? _____ (Specify type of place)
 (e) Means of injury _____

Signature P. M. Stork (M. D. or other) _____
Address Webb City MO **Date signed** 7/15/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

49
11
2

40-8-253

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 myself.

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

Signed Blayton M. Johnston

Licensed Embalmer No. 3,922

P. O. Address Webb City, Mo.

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.)

If this body is not embalmed, fact should be so stated above.