

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28234

Registration District No. 163

Primary Registration District No. 5228

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Rural Boy twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME ELIHU HESS 700

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May - 1 - 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 3 21 hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name David Hess

13. Birthplace Mich
(City, town, or county) (State or foreign country)

14. Maiden name Emily Higgins

15. Birthplace Mich
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Birdie Allen

(b) Address P.O. Eldorado Springs, Mo.

17. (a) Burial (b) Date thereof 8-22-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eldorado Cemetery

18. (a) Signature of funeral director Gwynn Siders

(b) Address Eldorado Springs, Mo.

19. (a) 8-22-40 (b) J.W. Dawson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 22
year 1940 hour 5 minute 07 M.

21. I hereby certify that I attended the deceased from Aug 11, 1940 to Aug 22, 1940
that I last saw him alive on Aug 16, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death benign Hemorrhage of appendix

Due to _____
Due to 82W

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

Duration
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? 154

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

23. Signature J.W. Dawson (M. D. or other) 22

Address Eldorado Springs Date signed 8-22-40

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

RECEIVED

District Health Officer No. 7,

District File Number 9-40-1342

Date Filed 9-16-40

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.....

.....
working under my personal supervision.

.....
Registered Apprentice No.

Signed.....

.....
Licensed Embalmer No.

P. O. Address.....

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, above space should be left blank.