

Registration District No. 684

Primary Registration District No. 4408

Registrar's No. 41

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Bowling Green
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 105th E. Church St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no
In this community 40 yrs
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Theodora Hess
8. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive 14 years (Month) (Day) (Year) Oct. 14 - 1874

7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years 66 Months 0 Days 7 If less than one day hr. min.

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

10. Usual occupation No occupation

11. Industry or business —

MOTHER FATHER
12. Name August A. Hess
13. Birthplace D.K. Ohio (City, town, or county) (State or foreign country)
14. Maiden name Clara A. Hoffman
15. Birthplace D.K. Ohio (City, town, or county) (State or foreign country)

16. (a) Informant's own signature May Ras & Parsons
(b) Address Bowling Green

17. (a) Burial (b) Date thereof Oct 22
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bowling Green

18. (a) Signature of funeral director H. B. E. Moore
(b) Address Bowling Green

19. (a) 10-24-40 (b) M. D. Summer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pike
(c) City or town Bowling Green
(If outside city or town limits, write "RURAL")
(d) Street No. 105 - East Church St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? — years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21
year 1940 hour 6 minute — A. M.
21. I hereby certify that I attended the deceased from Oct 20
1940 to Oct 21 1940
that I last saw him alive on Oct 21 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Death intestinal obstruction Duration 2 days

Due to Strangulated inguinal hernia

Due to —

Other conditions 12/2/40
(Include pregnancy within 3 months of death)

Major findings: Of operations None
Of autopsy None
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? —

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

23. Signature Hughes Parsons (M. D. coauthor) —
Address Bowling Green, Mo Date signed 10/21/40

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.

RECEIVED

District Health Officer No. 10

District File No. 11-40-2025

Date Filed NOV 8 1940

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.....

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.