FEB 14 1941

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

1712
Do not use this space.

1. PLACE OF DEATH
(a) County Bollinger Registration District No. 69
(b) Township [illegible] Primary Registration District No. 5108 Registered No. 47
(c) City Near Advance 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 Lucinda Bess
(a) Residence, No. Near Advance, Mo St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX: Female — 4. COLOR OR RACE: White — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed	21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12, 1941
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James William Bess	22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1941, to Jan 12, 1941. I last saw her alive on Jan 12, 1941. Death is said to have occurred on the date stated above, at 6 A. m.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 7, 1850	The principal cause of death and related causes of importance were as follows: Pneumonia (Lobar) — Date of onset:
7. AGE: YEARS 90 — MONTHS 11 — DAYS 5 — If LESS than 1 day, ...hrs. or ....min.	
OCCUPATION — 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife	
9. Industry or business in which work was done, as saw mill, bank, etc.	
10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation Life	138
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri	Other contributory causes of importance: Old age
FATHER — 13. NAME — DeShazer	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known	Name of operation .... Date of .... What test confirmed diagnosis? .... Was there an autopsy? ....
MOTHER — 15. MAIDEN NAME Not known	23. If death was due to external causes (violence), fill in also the following:
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known	Accident, suicide, or homicide? .... Date of injury ...., 19.... Where did injury occur? .... (Specify city or town, county, and State)
17. INFORMANT Robert Bess (ADDRESS) Advance Mo.	Specify whether injury occurred in industry, in home, or in public place.
18. BURIAL, CREMATION, OR REMOVAL PLACE Brownwood Cemetery Mo. DATE Jan 13, 1941	Manner of injury .... Nature of injury ....
19. FUNERAL DIRECTOR (NAME) Floyd F. Morgan (ADDRESS) Advance, Mo	24. Was disease or injury in any way related to occupation of deceased? .... If so, specify .... (Signed) E. C. Masters, M. D.
20. FILED 1/23, 1941 Mrs Jake Berry, Local Registrar.	75 (Address) Advance, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

... WITH UNFADING INK—THIS IS A PERMANENT RECORD

X14026

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.