

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

FILED OCT 10 1945

State File No. _____

Registration District No. _____

Primary Registration District No. 1001

Registrar's No. _____

1. PLACE OF DEATH:

(a) County BUCHANAN
(b) City or town ST. JOSEPH Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: STATE HOSPITAL No. 22
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 yrs 9 Mo.
(Specify whether
In this community 4 yrs 9 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 3810 South Deaton
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Frances Hess

3. (b) If veteran, name war _____ 3. (c) Social Security No. Mo 1102

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 13 1888
(Month) (Day) (Year)

8. AGE: Years 63 Months 0 Days 18 If less than one day
63 hr. _____ min.

9. Birthplace Not known Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation School Teacher

11. Industry or business School Teacher

12. Name Wm H. Hess

13. Birthplace M. K. - Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Martha E. Hoell

15. Birthplace M. K. - Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Records St. Hosp # 2

(b) Address St. Joseph Mo

17. (a) Removal (b) Date thereof 9-2-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Northern Mo

18. (a) Signature of funeral director W. J. ...

(b) Address ...

19. (a) 9-2-1944 (b) H. J. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 1
year 1941 hour 18 minute 0 M.

21. I hereby certify that I attended the deceased from July 1
1941 to September 1, 1941
that I last saw her alive on August 1, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of sigmoid colon

Due to _____
Due to H62

Other conditions Manic Depressive Psychosis 4 yrs
(Include pregnancy within 3 months of death)

Major findings: None
Of operations _____

Of autopsy None

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 W. J. ... (M. D. or other) Mo. 10
Address St. Joseph, Mo Date signed 9/1/41

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 me

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

Signed J. E. [Signature]

..... Licensed Embalmer No. 1783

..... P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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