S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 25 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9651

Registration District No. 599 Primary Registration District No. 1002 Registrar's No. 1404

48
3
8

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 701 Benton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Comm. 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 048

(a) State Missouri (b) County Jackson 3
(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No. 701 Benton
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lillian Eva Hess

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

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Eugene Ritter Hess
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Oct 17 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	65	5	19	..... hr. ..... min.

9. Birthplace ..... Nebraska
(City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name Wm P. Morrison
13. Birthplace ..... Mass
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ada Booth
15. Birthplace ..... N.Y.
(City, town, or county) (State or foreign country)
16. (a) Informant Ada Morrison
(b) Address 701 Benton
17. (a) Burial (b) Date thereof 4-8-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hill
18. (a) Signature of funeral director Mrs C. L. Forster
(b) Address 918 Brooklyn
19. (a) 4-8-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1942 hour 11 minute 30 P.M.
21. I hereby certify that I attended the deceased from March 16, 1942 to April 6, 1942
that I last saw her alive on April 6, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	3 hours
Due to Angina Pectoris	6 weeks
Due to 940	
Other conditions Hypertension (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?
..... (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature C W Rose (M. D. or other) 0
Address 100 N. Elmwood Date signed 4-7-42

(Licensed Embalmer's Statement on Reverse Side)

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 Daniel C. B. Downing

Licensed Embalmer No. 2724

P. O. Address N. C. 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.