No. 2
-1-4-41
6-17-39
X26330

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 28 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 41687

Registration District No. 2945 Primary Registration District No. 3054 Registrar's No. 921

**1. PLACE OF DEATH:**
(a) County: Randolph
(b) City or town: Moberly (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 119 Collins ave (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)
In this community: 20 years.

**2. USUAL RESIDENCE OF DECEASED:**
(a) State: Missouri (b) County: Randolph
(c) City or town: Moberly (If outside city or town limits, write "RURAL")
(d) Street No.: 119 Collins ave (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: JOHN R. HESS
3. (b) If veteran, name war: None
3. (c) Social Security No. 490-16-5794
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: — years
7. Birth date of deceased: Dec (Month) - 7 (Day) - 1913 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 29 | 0 | 14 | hr. min. |

9. Birthplace: Higbee (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Labor
11. Industry or business:
FATHER 12. Name: Tom J. Hess
13. Birthplace: Illinois (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Mellissa J. Wright
15. Birthplace: Illinois (City, town, or county) (State or foreign country)
16. (a) Informant: T. T. Hess
(b) Address: 119 Collins Ave Moberly Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec-22-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Hagar Cemetery
18. (a) Signature of funeral director: Gibbs Funeral Home
(b) Address: Moberly Mo.
19. (a) Dec 22-42 (Date received by local registrar) (b) Irma Naire (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month: Dec day: 21st year: 1942 hour: 1 minute: 10 A.M.
21. I hereby certify that I attended the deceased from Nov 1 1942, to Dec 21 1942, that I last saw him alive on Dec 20 1942, and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Larynged tbc | 3 mo |
| Due to: | |
| Due to: | |
| Other conditions (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: H. Griffiths (M. D. or other)
Address: Moberly Date signed: 12-21-42

1056

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 25 1943

DEC 30 1942

RECEIVED
District Health Officer No. 10
District File Number 12-42-403
Date Filed 12-24-1942

**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 R. M. Cater

Licensed Embalmer No. 4117

P. O. Address Moberly Mo.

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

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