

FILED APR 14 1943

Registration District No. 31

Primary Registration District No. 5108

Registrar's No. 10

1. PLACE OF DEATH:
(a) County Benton
(b) City or town Cole Camp Rural Williamstownship
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 40 Years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Henry F Hesse
3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mrs Henry F Hesse 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased June 9th 1876
(Month) (Day) (Year)

8. AGE: Years 66 Months 7 Days 8 If less than one day
hr. min.

9. Birthplace Lincoln Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business

12. Name Chris Hesse
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Katherine Germand
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Oliv Hesse
(b) Address Cole Camp Mo

17. (a) Burial (b) Date thereof Mar 21, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Holy Cross

18. (a) Signature of funeral director E. B. Eukelhoff
(b) Address Cole Camp Mo

19. (a) March 19, 43 (b) Pauline Harms Dep
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Benton
(c) City or town Cole Camp Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 5 Miles East
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17
year 1943 hour 7 minute 15 P. M.

21. I hereby certify that I attended the deceased from 6-1-1935 to 3-17-1943
that I last saw him alive on 3-14-1943
and that death occurred on the date and hour stated above

Immediate cause of death Chronic Myocarditis Duration
93d

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?

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

23. Signature [Signature] (M. D. or other) Address Cole Camp Mo Date signed 3-18-43

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

MOTHER FATHER

200

63

JAN 15 1951

JAN 20 1954

RECEIVED

District Health Officer No. 71

District File Number

3-43-71

Date Filed

4-9-43

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 E. L. Eichenhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp 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.