No. 5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17486

State File No.

FILED JUN 12 1943

Registration District No. 1147

Primary Registration District No. 5173

Registrar's No.

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Wainwright Summit Twp
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution: 2 miles west of Wainwright
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 70 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Callaway
(c) City or town Wainwright
(If outside city or town limits, write "RURAL")
(d) Street No. 2 miles west of Wainwright
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Christopher Hess
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race Wh
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 2 (Day) 1860 (Year)

8. AGE: Years 83 Months 5 Days 1 If less than one day hr. min.

9. Birthplace Montgomery County Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Retired Blacksmith
11. Industry or business For self
FATHER
12. Name Unknown
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Lucille Jackson
(b) Address Wainwright, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June-5-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Hart Hill
18. (a) Signature of funeral director Tanner Service
(b) Address 700 Jefferson
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year hour minute 49 M.
21. I hereby certify that I attended the deceased from Sept 1942 to June 4 1943
that I last saw h alive on May 24 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Disease
Due to Senility
Due to
Other conditions 93d
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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 Edw Mansur (M. D. or other)
Address Jefferson City Mo Date signed 1-4-43

1147

(Licensed Embalmer's Statement on Reverse Side)

FEB 4 1958

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. 3641

P. O. Address Jmo.

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

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

No. 2B
M --o-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. (47) Primary Registration District No. (3173) Registrar's No. 176

1. PLACE OF DEATH:
(a) County: Callaway
(b) City or town: (—) J. Wainright
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2 miles W. of Wainright
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 70 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Callaway
(c) City or town: Wainright
(If outside city or town limits, write "RURAL")
(d) Street No.: 2 miles W of Wainright
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Christopher Hess
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Jan (Month) 2 (Day) 1860 (Year)
8. AGE: Years 83 Months 5 Days If less than one day hr. min.
9. Birthplace: Montgomery Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Retired Blacksmith
11. Industry or business: farmer
MOTHER FATHER
12. Name:
13. Birthplace: (City, town, or county) (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: (City, town, or county) (State or foreign country)
16. (a) Informant: Lucille Jackson
(b) Address: Wainright, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 5-1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Hart Hill
18. (a) Signature of funeral director: Tanner Service
(b) Address: 700 Jefferson J. C. Mo.
19. (a) (6-10-1943) (Date received local registrar) (b) Jose Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June Day 3 year 1943 hour minute M.
21. I hereby certify that I attended the deceased from Sept '42 to May 27, 1943 that I last saw him alive on 19..; and that death occurred on the date and hour stated above.
Immediate cause of death: Heart Disease Senility
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations:
Of autopsy:

Duration

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)
(b) 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: Edw. Massaur (M. D. or other)
Address: Jefferson City, Mo. Date signed 6/5/43

PRELIMINARY
SUPPLEMENTARY

JUL 29 19

17486