S. No. 2
M—2-43
5-17-39
X3565

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FED JUL 15 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21743

Registration District No. 170 | Primary Registration District No. 5625 | Registrar's No.

1. PLACE OF DEATH:
(a) County Laclede
(b) City or town Sleeper (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 years, months or days) In this community

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

3. (a) PRINT FULL NAME GEORGE HESS
3. (b) If veteran, name war /
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Mary Hess
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov (Month) 5 (Day) 1856 (Year)
8. AGE: Years 86 Months 6 Days 26 If less than one day hr. min.
9. Birthplace Illinois (City, town, or county) / (State or foreign country)
10. Usual occupation Retired farmer
11. Industry or business
FATHER 12. Name John I. Hess
13. Birthplace Ind. (City, town, or county) / (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mr Winpey
(b) Address Sleeper Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Stephens Cemetery
18. (a) Signature of funeral director W E Holman
(b) Address Lebanon Mo.
19. (a) 7-5-43 (Date received local registrar) (b) Grace Roper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1 year 1943 hour 8 minute 50 P.M.
21. I hereby certify that I attended the deceased from Aug 10, 1941, to March 15, 1943 that I last saw him alive on March 15, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Infection of bladder from enlarged prostate	6 mos
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 C E Carlton (M. D. or other)
Address Waynesville Date signed

1070 (Licensed Embalmer's Statement on Reverse Side)

Received JUL 6 1943

Laclede County Health Unit

File No. 6-43-95

Date Filed JUL 9 1943

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

Signed Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon 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.