

Registration District No. 132

Primary Registration District No. 3021

Registrar's No. 167

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Franklin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Wright Memorial Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 2 Days years, months or days)

3. (a) PRINT FULL NAME RALPH J. 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 Divorced

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Oct 7, 1885
(Month) (Day) (Year)

8. AGE: Years 58 Months 1 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Macon (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Shoe Salesman

11. Industry or business Traveling

12. Name Chas P. Hess

13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

14. Maiden name Carolyn Moffatt

15. Birthplace France (City, town, or county) 5 (State or foreign country)

16. (a) Informant Chas P. Hess

(b) Address Franklin, Mo

17. (a) Rural (Burial, cremation, or removal) (b) Date thereof: 12-1-43
(Month) (Day) (Year)

(c) Place: burial or cremation Oakwood Mem. Md.

18. (a) Signature of funeral director Walter L. Roberts

(b) Address Franklin, Mo.

19. (a) 12-2-43 (Date received local registrar) (b) L. J. Roberts (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin 40
(c) City or town Franklin (If outside city or town limits, write "RURAL") 2
(d) Street No. Plymouth Hotel (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30 year 1943 hour 1:40 minute 0 M.

21. I hereby certify that I attended the deceased from Nov. 27th to Nov 30th, 1943
that I last saw him alive on Nov. 30th, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Chr. myocarditis Duration 1 year

Due to _____
Due to _____

Other conditions: Distention of bowels 4 days
(Include pregnancy within 3 months of death) due to post-op. adhesions

Major findings: not operated

Of operations _____

Of autopsy _____

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 _____ (Specify type of place) (e) Means of injury _____

23. Signature: Chas P. Hess (M. D. or other) MD
Address: Franklin, Mo. Date signed: 12-30-43

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

MOTHER FATHER

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.....

..... *Myself*, Registered Apprentice No.
working under my personal supervision.

Signed *Rafael A. Davis*

Licensed Embalmer No. *3424*

P. O. Address *Leola 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.