

FILED FEB 14 1944 0
Registration District No. **1**

Primary Registration District No. **4198**

Registrar's No. **7**

1. PLACE OF DEATH:

(a) County **Henry**
(b) City or town **Rich B. Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 month** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Deshaw**
(c) City or town **Helms - Rural**
(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. (c) PRINT FULL NAME **BESS FRANK**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **1**
6. (b) Name of husband or wife **W W Frank** 6. (c) Age of husband or wife if alive **63** years
7. Birth date of deceased **Sept 16 1882**
(Month) (Day) (Year)

8. AGE: Years **61** Months **3** Days **24** If less than one day hr. _____ min. _____

9. Birthplace **Howe mo 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Home work**

11. Industry or business _____

12. Name **W A Wright**
13. Birthplace **St Joseph mo 0**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary E. Elden**
15. Birthplace **Le Wellville mo 0**
(City, town, or county) (State or foreign country)

16. (a) Informant **Frank J Wright**
(b) Address **Howe mo**

17. (a) _____ (b) Date thereof **1-14-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Allen care**

18. (a) Signature of funeral director **H P Sullivan**
(b) Address **Howe mo**

19. (a) **Jan 12 - 1944** (b) **Stuart M. Webster**
Date received local registrar (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **11**
year **1944** hour **11** minute **P** M.

21. I hereby certify that I attended the deceased from **Dec 1 1943** to **Jan 11 1944**
that I last saw **her** alive on **Jan 10 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer Liver**

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)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury **0**

23. Signature **E M Reynolds** (M. D. or other) _____
Address **Howe Mo** Date signed **1-12-44**

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

3
43
39
15697

MOTHER FATHER

1105

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

H. A. Sullivan

Licensed Embalmer No.

1738

P. O. Address

Grove 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.