S. No. 2
M—2-43
5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 6 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

9862

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1002

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7112 Washington Street /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 28 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL")

(d) Street No. 7112 Washington Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME CHARLES WESLEY HESS

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. ~~Julia~~ Julian Lee Hess

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased June (Month) 28th (Day) 1877 (Year)

8. AGE: Years 66 Months 8 Days 16 If less than one day hr. min.

9. Birthplace Ashland (City, town, or county) Kentucky / (State or foreign country)

10. Usual occupation Druggist

11. Industry or business

12. Name Henry P. Hess

13. Birthplace (City, town, or county) Virginia / (State or foreign country)

14. Maiden name Frances Crady

15. Birthplace (City, town, or county) Penna. / (State or foreign country)

16. (a) Informant Mrs. ~~Julia~~ Julian Lee Hess

(b) Address 7112 Washington Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-17-44 (Month) (Day) (Year)

(c) Place: burial or cremation Mount Moriah

18. (a) Signature of funeral director Freeman Mortuary

(b) Address 104 West 42nd street

19. (a) Mar 16 1944 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th year 1944 hour unknown minute A M.

21. I hereby certify that I attended the deceased from Mar-14-, 1944 to Mar-15-, 1944 that I last saw him alive on Mar-14, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage about 10 hrs

Due to arterial hypertension unknown

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 83a'

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 Herbert Puthill (M. D. ~~or other~~)

Address 1211 Rialto Bldg Date signed Mar 16-44

(Licensed Embalmer's Statement on Reverse Side)

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City

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.

State of Mo. } ss.
County of Jackson

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 9862.(4)

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 7507

On this 27th day of August, 1945, before me appears Mrs. Julian Hess, who, upon her oath, states that the original record of ~~birth~~ death for Charles Wesley Hess ~~born~~ died March 15, 1944, in the State of Missouri, and which was filed at K. C. on 3-16, 1944, should be corrected as follows:

Item No. 6 should read Mrs. Julian Lee Hess
Instead of Mrs. Julia Lee Hess

Item No. 16 a should read Mrs. Julian Lee Hess
Instead of Mrs. Julia " "

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Mrs. Julian Hess wife
Relationship.

7112 Washington K.C. Mo
Present Address.

Subscribed and sworn to before me this 27th day of August, 1945

My Commission expires Oct. 20 1947. Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

19487-

Form V. S. 15M-3

ORIGINAL RECORD