

**FILED OCT 19 1944**

Registration District No.       

Primary Registration District No. 4447

Registrar's No. 67

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none  
(Specify whether years, months or days)

In this community Thirty Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray

(c) City or town Henrietta, Mo.  
(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 U.S.A.

3. (a) PRINT FULL NAME EMMA O. HESS

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Chas. E. Hess Deceased

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

7. Birth date of deceased Jan. 1 st. 1870  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
74	8	9	hr. min.

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

10. Usual occupation House Keeper

11. Industry or business       

12. Name Rev. Micheal O. Gorman

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

14. Maiden name Mary Edwards

15. Birthplace Huntsville, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Guel Cooper

(b) Address Henrietta, Mo.

17. (a) Burial (b) Date thereof 9-11-44.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Norborne, Mo.

18. (a) Signature of funeral director J. Brothers

(b) Address Richmond, Mo.

19. (a) Sept 11 1944 (b) Miss Christ Shepherd  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 9th.  
year 1944. hour 8 minute 45 P. M.

21. I hereby certify that I attended the deceased from August 23rd 1944, 19      , to Sept 9th 1944, 19      ;  
that I last saw her alive on September 9th 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death Disease of the Heart  
(Chronic Endo-Carditis)

Due to Advanced Age

Due to       

Other conditions         
(Include pregnancy within 3 months of death)

Major findings:  
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 work?        (Specify type of place)  
       (c) - Means of injury

23. Signature J. V. Smith (M. D. or other)       

Address Henrietta, Mo. Date signed 9/10/44

Duration       

PHYSICIAN       

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1280

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

10-11-44

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.....

J.B. Brothers

....., Registered Apprentice No.....

working under my personal supervision.

Brothers Funeral Home

Signed..... *J.B. Brothers*

Licensed Embalmer No..... 3001.

P. O. Address..... Richmond, 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.