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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38556

State File No.

FILED NOV 28 1944
Reference District No.

Primary Registration District No. 5942

Registrar's No. 126

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town Rural...Rolla Route No. 1
(If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution: Rolla Free Hos
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)

In this community 10 Years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps 81

(c) City or town Rolla - Rural - R. 1 0
(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 0

3. (a) PRINT NAME William Riley Hess

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29
year 1944 hour 8 minute 30 A.M.

4. Sex Male 0 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Iva Hess 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased May 20, 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5-7-36 to 10/29-44
that I last saw her alive on 10/28/44 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

60	5	9	hr. min.
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Immediate cause of death Respiratory Collapse

Due to Fibrosis of lungs & Paralysis of diaphragm 14 yrs.

Due to Choking injured to chest

Other conditions (Include pregnancy within 3 months of death)

Duration Immediate

9. Birthplace Ripley County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Invalid.

Major findings: ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

Of operations 1

Of autopsy 1

PHYSICIAN Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business

12. Name Richard R. Hess,

13. Birthplace Dont Know. 9
(City, town, or county) (State or foreign country)

14. Maiden name Mollie Depriest

15. Birthplace Dont Know. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Iva Hess,

(b) Address Rolla, Missouri

17. (a) Burial (b) Date thereof Oct. 31, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

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?

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

(c) Place: burial or cremation Sherrell Cem. Texas Co.,

18. (a) Signature of funeral director Null & Son Funeral Home

(b) Address 508 West 4th St., Rolla Mo.,

19. (a) 10/31/44 (b) Walter McKeen
(Date received local registrar) (Registrar's signature)

23. Signature Walter McKeen (Specify type of Place) (c) Means of injury DD

Address Rolla, Mo Date signed 10/31/44

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

JUN 4 1947

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 S. L. [Signature]

Licensed Embalmer No. 3397

P.O. Address Rosedale 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Dec
Registrar's No. 126

Registration District No. 275

Primary Registration District No. 5942

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

1. PLACE OF DEATH: Phelps
 (a) County Phelps
 (b) City or town Rural - Rolla sup
 (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 _____)
 In this community _____ (Specify whether _____)
 years, months or days

3. (a) PRINT FULL NAME Wm R. Hess
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 20 1923
 (Month) (Day) (Year)

8. AGE: Years 60 Months 5 Days _____ If less than one day _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country) MO

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER {
 12. Name _____
 13. Birthplace _____ (City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
 (b) Address _____
 17. (a) _____ (b) Date thereof _____
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
 (b) Address _____

19. (a) _____ (b) _____
 (Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct Day 29 Year 1942 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____ 19____
 that I last saw him _____ alive on _____ 19____
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: NO ADDITIONAL INFORMATION REQUESTED
 Of operations _____
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident
 (b) Date of occurrence 7-6-30
 (c) Where did injury occur? Licking Pexas MO
 (City or town) (County) (State)
Amy Bros Garage
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? yes (Specify type of place) can fall
crushing him (e) Means of injury
 23. Signature Lon C. ... (M.D. or other) 100
 Address Rolla MO Date signed 11/25/44

SUPPLEMENTARY

38556