

FILED MAY 2 1945

Registration District No. _____

Primary Registration District No. 3004

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

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Lamar
(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 41 years (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
(c) City or town Lamar (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 _____

3. (a) PRINT FULL NAME GEORGE AULFREY HESS

3. (b) If veteran, name war _____ 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 Cynthia Norvell Hess 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased September 29 1945
(Month) (Day) (Year)

8. AGE: Years 85 Months 5 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Morgantown, West Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer-Retired

11. Industry or business _____

MOTHER FATHER { 12. Name David Hess
13. Birthplace West Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Eliza Ann Cozad
15. Birthplace West Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cynthe Hess
(b) Address Lamar, Missouri
17. (a) Burial (b) Date thereof March 28 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lake Cemetery

18. (a) Signature of funeral director _____
(b) Address Lamar, Missouri
19. (a) 3/28/45 (b) Martha River
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26th
year 1945 hour 8 minute 00 P. M.

21. I hereby certify that I attended the deceased from Aug 12 1940 to March 27 1945
that I last saw alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis Duration 9

Due to _____

Due to _____

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

Major findings: Of operations _____
Of autopsy _____

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) (c) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Lamar Mo Date signed _____

RECEIVED
District Health Officer No. 6,
District File Number 445-477
Date Filed APR 20 1945

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 Carl F. Monantz
Licensed Embalmer No. 2247
P. O. Address: Lamar, Missouri

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.