

No. 2
 FORM-5-43
 Rev. 5-17-39
 I X36671

FILED FEB 21 1946

Registration District No. **1002**

Registrar's No. **508**

1. PLACE OF DEATH:
 Jackson
 (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: **Research Hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **16 days**
(Specify whether
 In this community **Non-Resident**
years, months or days)

3. (a) PRINT FULL NAME **OLIVER P. HESS**
3. (b) If veteran, **No**
name war
3. (c) Social Security **No. 505-07-2080**

4. Sex **Ma** **5. Color or race** **Wh**
6. (a) Single, widowed, married, **Married**
divorced
6. (b) Name of husband or wife **Bess H. Hess**
6. (c) Age of husband or wife if **60**
alive **1877**
7. Birth date of deceased **July 17 1877**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	6	13	hr. min.

9. Birthplace **Barnesville Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Merchant**

11. Industry or business **5 & 10c Store**

12. Name **James M. Hess**

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

14. Maiden name **Elizabeth A. Beabout**

15. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Bess H. Hess**
(b) Address **Arapahoe, Nebr.**

17. (a) Removal **1-31-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Hebron, Nebr.**

18. (a) Signature of funeral director **J. W. Wagner**
(b) Address **Kansas City, Mo.**

19. (a) 1-31-46 **(b) Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Idaho** (b) County **999**
 (c) City or town **Twin Falls**
(If outside city or town limits, write "RURAL")
 (d) Street No. **13**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No) **21**
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **30**
 year **1946** hour **11:00** minute **A.** M.

21. I hereby certify that I attended the deceased from **1-16** **1946**, to **1-30** **1946**,
 that I last saw him alive on **1-30** **1946**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer rectum, metastasis Liver**
 Due to **pelvic perforation cancer**
 Due to **Colostomy - 1-21-46**

Other conditions **46 &**
(Include pregnancy within 3 months of death)

Major findings: **Extensive Metastasis**
 Of operations **Carcinoma**
 Of autopsy **yes, Cancer Liver**

Duration **1 1/2 yrs or more**
 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?
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? **Yes** (Specify type of place) **Office**
 (c) Means of injury **Heart**
23. Signature **J. W. Wagner** (M. D. or other)
 Address **151 C. ...** Date signed **1/30/46**

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

1025

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.....

Cecil R. Matthes

Licensed Embalmer No. *3807*

P. O. Address *H.C. MD.*

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.