

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15703

FILED JUN 10 1948

Registration District No. 32

Primary Registration District No. 1042

State File No.

Registrar's No. 34

1. PLACE OF DEATH

(a) County Ballinger
(b) City or town Lutesville
(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 1 yr.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME GEORGE ANN BESS

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 Widowed
6. (b) Name of husband or wife Rev. Wm. H. Bess 6. (c) Age of husband or wife if alive 12 years
7. Birth date of deceased October 12, 1959
(Month) (Day) (Year)

8. AGE: Years 86 Months 6 Days 7 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Bill Rowe

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

14. Maiden name Emily Jane Newkirk

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

16. (a) Informant Chas. Bess

(b) Address Advance, Mo.

17. (a) Burial (b) Date thereof Apr. 21, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Clayton S. Morgan

(b) Address Advance, Mo.

19. (a) May 16, 1948 (b) Willie H. Danforth
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ballinger
(c) City or town Lutesville
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
year 1948 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from 2 1948 to 19
that I last saw her alive on 4/17/48 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac compensation

Due to Kidney

Due to

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

Major findings: Of operations 95°

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) (e) Means of injury

Signature John J. Hyatt (M. D. or other)

Address Lutesville, Mo. Date signed 5/3/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

(Licensed Embalmer's Statement on Reverse Side)

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

14595

RECEIVED

District Health Officer No. 4
District File Number 646-2216
Date Filed 6-7-46

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.....

Glenn S. Morgan....., Registered Apprentice No.....
working under my personal supervision.

Signed

Glenn S. Morgan

Licensed Embalmer No.

3361

P. O. Address

Advance, 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.