

No. 2
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17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43393
Registrar's No. 3

FILED JAN 23 1947
Registration District No. 13

Primary Registration District No. 3007

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff
(c) Name of hospital or institution:
632 Vine
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 Years
In this community 17 Years
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Sophia Ellen Bess
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William Hansford Bess
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased Dec. 21 1876
(Month) (Day) (Year)

8. AGE: Years 70 Months 0 Days 1
If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name James P. Lee
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Susan Hahn
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Herschel Bess
(b) Address Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof 12/24/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Poplar Bluff, Mo.

18. (a) Signature of funeral director Greer Croy & Fitch
(b) Address Poplar Bluff, Mo.

19. (a) 1-9-47 (b) RH Minnetree
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler
(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No. 632 Vine St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22
year 1946 hour 10 minute _____ A. M.
21. I hereby certify that I attended the deceased from 1000 15
1946 to Dec 22 1946
that I last saw her alive on Dec 22 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation Duration _____
Due to Cardiac failure
Due to Acute Cardiac disease
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 95

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) (e) Means of injury _____
23. Signature W.D. Marshall (M. D. or other) Y.V.V. M.S.D.
Address Poplar Bluff, Mo. Date signed _____

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

RECEIVED

District Health Office No. 2,

District File Number 147-86

Date Filed 1-20-47

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 Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, 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.