

1. PLACE OF DEATH: Barton

(a) County Barton

(b) City or town Rural- Lamar Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution 41 years (Specify whether years, months or days)

In this community 41 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

(c) City or town Iantha
(If outside city or town limits, write "RURAL")

(d) Street No. RFD #1 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME VESTA ALICE HESS

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Hess 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased August 5 1905
(Month) (Day) (Year)

8. AGE: Years 41 Months 5 Days 0 If less than one day hr. _____ min. _____

9. Birthplace Iantha, Missouri. RFD #1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Benjamin Washburn

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

14. Maiden name Georgia Ann Rives

15. Birthplace Barton County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant John Hess

(b) Address Iantha, Missouri. RFD #1

17. (a) Burial (b) Date thereof Jan 7 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Cemetery

18. (a) Signature of funeral director KONANTZ FUNERAL HOME

(b) Address Lamar, Missouri

19. (a) JAN 7 - 1947 (Date received local registrar) (b) Mason Konantz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5th
year 1947 hour 9 minute 15 A. M.

21. I hereby certify that I attended the deceased from Dec. 30
1946 to Jan 5 1947
that I last saw her alive on Jan 4 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia Duration 3 days

Due to Multiple Sclerosis with Bulbar paralysis 5+ yrs

Due to _____

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

Major findings: g. 2

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? _____

(Specify type of place) _____

While at work? _____ (c) Means of injury _____

23. Signature Lern T. Bichel (M. D. or other) M.D.
Address Lamar, Mo. Date signed Jan 6 1947

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

206

RECEIVED

District Health Officer No. 6,

District File Number 147-128

Date Filed JAN 18 1947

JAN 14 1953

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 J. Konantz

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.