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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 22 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23544

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 257

1. PLACE OF DEATH:

(a) County Calloway

(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2
State Hospt no 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 yrs 3 mo 5 days (Specify whether
In this community same
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ralls 14

(c) City or town Center 1
(If outside city or town limits, write "RURAL")

(d) Street No. Route 2 2
(If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME GOLDIE PEARL 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 Aure Hess

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov (Month) 5 (Day) 1899 (Year)

8. AGE: Years 47 Months 8 Days 12 If less than one day hr. min.

9. Birthplace Farber (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Nat Ardrey
13. Birthplace (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Cora Pitt
15. Birthplace Farber (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Ricordes State Hosp 1

(b) Address Fulton Mo 17

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

(c) Place: burial or cremation Olivette Cemetery

18. (a) Signature of funeral director Couch & Wilkey

(b) Address Fulton Mo

19. (a) 7-17-1947 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17 year 1947 hour 1 minute a M.

21. I hereby certify that I attended the deceased from July 17, 1947, to July 17, 1947; that I last saw her alive on July 16, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diarrhea and Enteritis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

120A

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? (e) Means of injury 0

Signature R. P. Price M.D. (M.D. or other)

Address Fulton Mo Date signed 7/17/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 7-21-47

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 Clyde C Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry 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.