S. No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 23 1947

Registration District No. 206

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24795

State File No.

Primary Registration District No. 3042

Registrar's No. 17

1. PLACE OF DEATH:
(a) County: Madison
(b) City or town: Fredericktown
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 503 Newberry
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Madison
(c) City or town: Fredericktown
(If outside city or town limits, write "RURAL")
(d) Street No.: 503 Newberry
(If rural, give location)
(e) Citizen of foreign country? -No- (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Nancy Jane Bess
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: Widow
6. (b) Name of husband or wife: Emanuel Bess (deceased)
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Feb. (Month) 12. (Day) 1867 (Year)

8. AGE: Years 80 Months 5 Days 2 If less than one day hr. min.

9. Birthplace: Bollinger Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: Robert Mathews
13. Birthplace: — (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name: Sarah Myers
15. Birthplace: — (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Osa B. Bess
(b) Address: 503 Newberry - Fredericktown
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/16/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Pisgah Cemetery
18. (a) Signature of funeral director: Webb-Adamson
(b) Address: Fredericktown, Mo.
19. (a) 7-16-1947 (Date received local registrar) (b) Florence Hicks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14 year 1947 hour 12:00 minute P. M.
21. I hereby certify that I attended the deceased from July 20 1947 to July 14 1947 that I last saw her alive on July 14 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of the Stomach — Duration
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death): No
Major findings: Of operations:
Of autopsy: none

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): no
(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? no
While at work? (Specify type of place) (e) Means of injury:
23. Signature: M. B. Barker (M. D. or other)
Address: Fredericktown Date signed 7/16 1947

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 247-968

Date Filed 7-22-47

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 L. Volpeau Adamson

Licensed Embalmer No. 4351

P. O. Address Fredericktown, 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.