

S. No. 2  
M-5-43  
7-5-17-39  
X 36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30856

FILED SEP 18 1947

State File No. \_\_\_\_\_

Registration District No. 116

Primary Registration District No. 3020

Registrar's No. 123

1. PLACE OF DEATH:

(a) County Franklin  
(b) City or town Washington Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 708 Horn St 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none. (Specify whether)  
In this community 7 1/2 yrs. - years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Franklin  
(c) City or town Washington  
(If outside city or town limits, write "RURAL")  
(d) Street No. 708 Horn St  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country none

3. (a) PRINT FULL NAME GEORGE KARL HESSE

3. (b) If veteran, name war no. 3. (c) Social Security No. none.

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

6. (b) Name of husband or wife Arna Marie Hesse 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased September 12 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 11 28 hr. min.

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

10. Usual occupation Calligrapher

11. Industry or business Retail

12. Name August Hesse 4

13. Birthplace not known Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Wilhelmina Bachlack

15. Birthplace not known Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs George Hesse

(b) Address Washington Mo

17. (a) Buried (b) Date thereof Sept - 12 - 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Mo

18. (a) Signature of funeral director Otto G. G.

(b) Address Washington Mo

19. (a) SEP 10 1947 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 9 year 1947 hour 2 minute 30 P M.

21. I hereby certify that I attended the deceased from Feb 8 1947 to Sept 9 1947

that I last saw her alive on July 15 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Artery occluded  
atherosclerosis

Due to aortic insufficiency

Due to 7

Other conditions due to ruptured  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 12/12

Of autopsy 12/12

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 [Signature] (M. D. or other) MD

Address Washington Mo Date signed 9-10-47

(Licensed Embalmer's Statement on Reverse Side)

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

36  
6  
2

RECEIVED  
District Health Officer No. 9,  
District File Number 9-17-47  
Date Filed \_\_\_\_\_

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.....



Licensed Embalmer No. 2464

P. O. Address Washington 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.**