

No. 2
-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42443**

FILED DEC 30 1947

Registration District No. **236**

Primary Registration District No. **4352**

Registrar's No. **57**

1. PLACE OF DEATH:

(a) County **Morgan**
(b) City or town **Versailles**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **/**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **Lifetime** years, months or days

3. (a) PRINT FULL NAME **Celia Alpha Hester**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **Daniel Hester** 6. (c) Age of husband or wife if alive **70** years

7. Birth date of deceased **June 15 1874**
(Month) (Day) (Year)

8. AGE: Years **73** Months **6** Days **10** If less than one day _____ hr. _____ min.

9. Birthplace **Morgan Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business _____

12. Name **No Record** 9

13. Birthplace **No Record** 9
(City, town, or county) (State or foreign country)

14. Maiden name **No Record**

15. Birthplace **No Record** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Ruth King**

(b) Address **Versailles, Mo.**

17. (a) **Burial** (b) Date thereof **Dec. 27-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Versailles Cem**

18. (a) Signature of funeral director **J. L. Washburn**

(b) Address **Versailles, Mo.**

19. (a) **12-27-47** (b) **J. L. Washburn**
(Date received local registrar) (Registrar's signature) **110-5**

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Morgan** 71
(c) City or town **Versailles** 1
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **25th**
year **1947** hour **10** minute **30** a.m.

21. I hereby certify that I attended the deceased from **7-11-38**
19____ to **Dec 25** 19**47**

that I last saw her alive on **12-24-47** 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Bright's disease -** Duration **10 yrs**

Due to **1st pertussis** 10 yrs

~~organic heart disease~~ 3 yrs

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. S. G...** (M. D. or other) _____

Address **Versailles Mo** Date signed **12-27-47**

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

MOTHER FATHER

RECEIVED
District Health Officer No. 7,
District No. 11-47-1980
Date filed 12-29-47

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

Gene S. Bartman

Licensed Embalmer No. 4021

P. O. Address. VERSAILLES, 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.