V. S. No. 2
0M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1480

FILED FEB 6 1948 7
Registration District No. .....

Primary Registration District No. 3028

Registrar's No. 20

49
1
3

1. PLACE OF DEATH:

(a) County: Jasper

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

(c) Name of hospital or institution: McCune-Brooks Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 9 days (Specify whether years, months or days)

In this community: 32 years

2. USUAL RESIDENCE OF DEACESED:

(a) State: Missouri (b) County: Jasper 49

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

(d) Street No.: Route 4, Carthage
(If rural, give location)

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

If yes, name country: .....

3. (a) PRINT FULL NAME: THRESSIE OLETHA HESSINGER

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: female

5. Color or race: white

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Wm C. Hessinger

6. (c) Age of husband or wife if alive: 56 years

7. Birth date of deceased: November (Month) 11 (Day) 1893 (Year)

8. AGE:

Years	Months	Days	If less than one day
55	2	17	hr. ..... min.

9. Birthplace: Ft. Scott (City, town, or county) Kansas (State or foreign country)

10. Usual occupation: housewife

11. Industry or business: at home

FATHER
12. Name: Robert Robinson
13. Birthplace: unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Manguerite Peoples
15. Birthplace: unknown (City, town, or county) (State or foreign country)

16. (a) Informant: W. C. Hessinger
(b) Address: Route 4, Carthage, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Jan 30, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Park Cem, Joplin

18. (a) Signature of funeral director: Knell Mortuary
(b) Address: Carthage, Mo.

19. (a) 1-29-48 (Date received local registrar) (b) L. B. Clinton M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28 year 1948 hour 4 minute 10 a. M.

21. I hereby certify that I attended the deceased from Jan 18 1948 to Jan 28 1948; that I last saw her alive on Jan 27 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chr nephritis	years (?)
Due to: Uremia	10 days
Due to:	
Other conditions (include pregnancy within 3 months of death): Multiple intestinal fistulas	

Major findings:
Of operations: 13 B
Of autopsy:

PHYSICIAN

Underline the cause of 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: 13

23. Signature: H E Boyd M.D. (M. D. or other)

Address: Carthage Mo Date signed 1-28-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

48-1-89

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 Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage, 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.