No. 2
12-45
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 13 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1858

Registration District No. 236 Primary Registration District No. 4352 Registrar's No. 4

1. PLACE OF DEATH:
(a) County Morgan 71
(b) City or town Versailles 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 0
(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 Lifetime

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

3. (a) PRINT FULL NAME Clarence David Hester
3. (b) If veteran, name war No
3. (c) Social Security No. 499-05-7814
4. Sex Male 5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Cecil M. Hester
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased March (Month) 28 (Day) 1890 (Year)

8. AGE: Years 57 Months 9 Days 13 If less than one day hr. min.

9. Birthplace Versailles (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Minister
11. Industry or business
MOTHER FATHER
12. Name Jackson Hester 9
13. Birthplace No Record (City, town, or county) No Record (State or foreign country) 1
14. Maiden name Melisia Letchworth 6
15. Birthplace No Record (City, town, or county) No Record (State or foreign country) 1
16. (a) Informant Wallace Hester
(b) Address Versa illes, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 12-48 (Month) (Day) (Year)
(c) Place: burial or cremation Versailles Cemetery
18. (a) Signature of funeral director W. T. Underwood
(b) Address Versailles, Mo.
19. (a) 1-10-48 (Date received local registrar) (b) J. L. Washburn (Registrar's signature) 1-10-48

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10th year 1948 hour 3 minute 00 a.m.

21. I hereby certify that I attended the deceased from 12-7, 1947 to 1-9, 1948; that I last saw him alive on January 9, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the stomach — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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 2

23. Signature P. J. Eckhoff (M. D. or other) D.O. 8
Address Versailles, Mo. Date signed 1-10-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 12-47-2077
Date Filed 1-12-48

JAN 16 1948

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 N. Bartjan
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.