S. No. 300
M—10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 2 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

9822

State File No. .....

Registration District No. 295 Primary Registration District No. 4441 Registrar's No. 11

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Clifton Hill
(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 years, months or days)
In this community .....

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

3. (a) PRINT FULL NAME Linnie Hess
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 married
6. (b) Name of husband or wife Alfred Hess 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased June (Month) 3 (Day) 1872 (Year)
8. AGE: Years 75 Months 9 Days 14 If less than one day ..... hr. ..... min.
9. Birthplace Livingston County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation housewife
11. Industry or business .....
FATHER 12. Name George Davis
13. Birthplace ..... (City, town, or county) Illinois (State or foreign country)
MOTHER 14. Maiden name Sarah Amon
15. Birthplace ..... (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Alfred Hess
(b) Address Clifton Hill, Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/19/1948 (Month) (Day) (Year)
(c) Place: burial or cremation White Cemetery
18. (a) Signature of funeral director Tom B. Patton
(b) Address Huntsville, Mo.
19. (a) 3-26-1948 (Date received local registrar) (b) Mrs. W. A. Barnhart (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17 year 1948 hour 7:20 P.M. minute ..... M.
21. I hereby certify that I attended the deceased from 9-15, 1944 to 3-17, 1948 that I last saw h. E.R. alive on 3-17, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CARCINOMA of STOMACH	6 yrs.
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 .....
23. Signature O. Noel Rain (M. D. or other) D.O.
Address Clifton Hill, Mo. Date signed 3-18-

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 10
District File Number 3-48-576
MAR 31 1948
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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville Me

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.