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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 28 1948

Registration District No. 47

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5157

State File No. 11721

Registrar's No. 134

1. PLACE OF DEATH:

(a) County: Callaway

(b) City or town: Portland — Auxvasse
(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: Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Callaway 14

(c) City or town: Portland 0
(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)
If yes, name country

3. (a) PRINT FULL NAME: James William BESS

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Male 0

5. Color or race: White

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

6. (b) Name of husband or wife: Julia David

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

7. Birth date of deceased: October (Month) 3, (Day) 1885 (Year)

8. AGE: Years 62 | Months 6 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace: Montgomery Co. (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: Mail Carrier

11. Industry or business:

MOTHER FATHER

12. Name: George Bess

13. Birthplace: DK (City, town, or county) DK 9 (State or foreign country)

14. Maiden name: Mary Clark

15. Birthplace: Osage Co. (City, town, or county) Missouri 1 (State or foreign country)

16. (a) Informant: Mrs. James Bess

(b) Address: Portland, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/20/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Portland

18. (a) Signature of funeral director: Glen G. Maupin

(b) Address: 712 Court St., Fulton, Mo.

19. (a) 4-20-1948 (Date received local registrar) (b) Jane Morsinkhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 18 year 1948 hour 7 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 2, 1948 to Apr 18, 1948 that I last saw him alive on 4/17, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Apoplexy
With Hypertension

Due to:

Due to:

Other conditions: Cystitis 53
(Include pregnancy within 3 months of death)

Major findings: Skin cancer
Of operations: with lymphatic involvement
Of autopsy: no autopsy

Duration

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: 0

23. Signature: W O Payne (M. D. or other)

Address: R #6 Fulton Date signed 4/20/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed APR 26 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 Theodore Skinner, Jr., Registered Apprentice No. 55, working under my personal supervision.

Signed Glen G. Maupin

Licensed Embalmer No. 2725

P. O. Address Fulton, 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.