

FILED AUG 16 1948

Registration District No. **283**

Primary Registration District No. **5655**

Registrar's No. **90**

1. PLACE OF DEATH:

(a) County: **Lawrence**

(b) City or town: **Mt. Vernon**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Missouri State Sanatorium**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: **64 days**
(Specify whether)

In this community: **64 days**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** (b) County: **Wayne**

(c) City or town: **Coldwater**
(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: **Everett Bess**

3. (b) If veteran, name war: **No**

3. (c) Social Security No.: **490-28-9034**

4. Sex: **Male**

5. Color or race: **White**

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

6. (b) Name of husband or wife: **Edna Bess**

6. (c) Age of husband or wife if alive: **53** years

7. Birth date of deceased: **Aug 8 1887**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
60	11	19hr.min.

9. Birthplace: **Wayne County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Mining**

11. Industry or business: _____

12. Name: **Manuel Bess**

13. Birthplace: **Unknown Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name: **Nancy Jane Matthews**

15. Birthplace: **Unknown Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant: **E. McMichael, Record Clerk**

(b) Address: **Mo. State San. Mt. Vernon, Mo.**

17. (a) **Removal** (b) Date thereof: **July 29 48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Coldwater, Mo.**

18. (a) Signature of funeral director: **H. B. Dorsett**

(b) Address: **W. Vernon, Mo.**

19. (a) **Aug 3 1948** (b) **Cecil Handwerker**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: **July** day: **27**
year: **1948** hour: **4:20** minute: **P.** M.

21. I hereby certify that I attended the deceased from **May 24**, 19**48** to **July 27**, 19**48**
that I last saw him alive on **July 27**, 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Far Advanced Pulmonary Tuberculosis Over 8 years.**

Due to: _____

Due to: _____

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

Major findings: **B**
Of operations: _____

Of autopsy: _____

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: **D**

23. Signature: **Royce Diefman** (M. D. or other) _____

Address: **Mt. Vernon, Missouri** Date signed: **7-27-48**

PHYSICIAN

Underline the cause of which death should be charged statistically.

MOTHER FATHER

RECEIVED

District Health Officer No. 6.

District File Number 848-902

Date Filed AUG 13 1948

FEB 28 1949

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.....

By me....., Registered Apprentice No.....
working under my personal supervision.

Signed *Max L. Fossett*

Licensed Embalmer No. *4252*

P. O. Address *Mt Vernon, W*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.