V. S. No. 2
100M—2-43
Rev. 5-17-39
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30563

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. .....

FILED OCT 13 1943

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4141

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 2 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 55 3

(c) City or town Mt. Vernon 6
(If outside city or town limits, write "RURAL")

(d) Street No. .....
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Bessie Counts

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Oct (Month) 1 (Day) 1920 (Year)

8. AGE: Years 22 Months 11 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) MO (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Joe Riggins
13. Birthplace ..... (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name Mary Frances Mauser
15. Birthplace ..... (City, town, or county) MO (State or foreign country)

16. (a) Informant Record Clerk
(b) Address K. C. Gen Hospt

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept 29-43 (Month) (Day) (Year)
(c) Place: burial or cremation Fossett Funeral Home

18. (a) Signature of funeral director Mont Vernon Mo
(b) Address Fossett Home

19. (a) 9-29-43 (Date received local registrar) (b) D. E. Brown Dep (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29th year 1943 hour 8 minute 50 A. M.

21. I hereby certify that I attended the deceased from Sept. 27th 1943 to Sept. 29th 1943 that I last saw her alive on Sept. 29th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Poliomyelitis (Bulbar in type)

Due to .....

Due to 36

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of 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 .....

23. Signature Emery R. Thorn (M. D. or other)

Address Med. Dir. Gen'l Hosp. Date signed 9-29-43

(Licensed Embalmer's Statement on Reverse Side)

OCT 22 1945

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 Wm. A. Lohmeyer

Licensed Embalmer No. 3089

P. O. Address KC 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.