

FILED FEB 9 1944

Registration District No. 376

Primary Registration District No. 306-6075

Registrar's No. 90

1. PLACE OF DEATH:

(a) County St. Francois

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

(c) Name of hospital or institution St. J. American Rural 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Esther mo
(If outside city or town limits, write "RURAL")

(d) Street No. Not One Rural
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Bobby Gene Fessell

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced, child

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

7. Birth date of deceased: Feb. 13 - 1928
(Month) (Day) (Year)

8. AGE: Years 14 Months 10 Days 18 If less than one day hr. _____ min. _____

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

10. Usual occupation School Boy

11. Industry or business _____

MOTHER FATHER

12. Name John Fessell

13. Birthplace Shannon Co. mo
(City, town, or county) (State or foreign country)

14. Maiden name Jesse D. Fessell

15. Birthplace Shannon Co. mo
(City, town, or county) (State or foreign country)

16. (a) Informant Floyd Ann

(b) Address Esther mo

17. (a) Burial (b) Date thereof Jan. 3 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wood Lawn

18. (a) Signature of funeral director Spahr

(b) Address Hot River mo

19. (a) Jan 7 - 1944 (b) Byrdie Buhmester
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31st
year 1944 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from request to Jan 1st, 1944, that I last saw him alive and that death occurred on the date and hour stated above.

Immediate cause of death: Skull fracture
from fall, preceded
to his death with slight injury
and being struck by a truck
driven by William Kennon
of St. Francois

Other conditions (include pregnancy within 3 months of death) _____

Major findings: 170C-8

Of operations _____

Of autopsy 21

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) Accident

(b) Date of occurrence Dec. 31, 1943

(c) Where did injury occur Esther mo
(City or town) (County) (State)

(d) Did injury occur in or about home, farm, in industrial place, in public place?
Public Place

While at work? No (Specify type of place) _____ Means of injury fall

23. Signature Clayton C. Corner

Address Corner, St. Francois mo Date signed 1/1/44

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

400

RECEIVED
District Health Officer No. 4
District File Number 244-3290
Date Filed 2-5-44

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 Guerritt Sparks
Licensed Embalmer No. 4287
P. O. Address Hot River 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.