S. No. 2
M—1/47
7. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38010

FILED DEC 15 1947

Registration District No. ..... Primary Registration District No. 1002 Registrar's No. 5108

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: 3610 Benton Blvd. 1
(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: 28 Years

2. USUAL RESIDENCE OF DECEASED: 48
(a) State: Missouri (b) County: Jackson 3
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL") 8
(d) Street No.: 3610 Benton Blvd.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Celia Tennessee Bess
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow 2
6. (b) Name of husband or wife: Harrison H. Bess
6. (c) Age of husband or wife if alive: * years
7. Birth date of deceased: 8 (Month) 22 (Day) ~~1855~~ 1856 (Year)

8. AGE: ~~92~~ Years 91 Months 3 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace: Nashville (City, town, or county), Tennessee (State or foreign country)
10. Usual occupation: At Home
11. Industry or business:
MOTHER FATHER
12. Name: James Mercer
13. Birthplace: (City, town, or county) Tennessee (State or foreign country)
14. Maiden name: Sallie Summers
15. Birthplace: (City, town, or county) Tennessee (State or foreign country)
16. (a) Informant: Mrs. A. Hope Roberts
(b) Address: 3610 Benton Blvd.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 12-5-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Bismark, Missouri
18. (a) Signature of funeral director: Mrs. C. L. Forster
(b) Address: Kansas City, Missouri
19. (a) 12-5-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 4th. year 1947 hour 2 minute 15 A.M.
21. I hereby certify that I attended the deceased from 11-14-47, 1947 to Time of death that I last saw h. lv. alive on 12-3, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Occlusion	2 wks
Due to: Arteriosclerosis	10 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death): —	
Major findings: Of operations: — x3	
Of autopsy:	

PHYSICIAN — Underline the cause of 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: Leo M. Mullen (M. D. or other)
Address: 3548 Indiana Date signed 12-4-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr. Leo Mullins
3548 Indiana
2 P.M.

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 Robert A. Herrmann

Licensed Embalmer No. 3700

P. O. Address 918 Brooklyn

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.