

DEPT. SEP 21 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28841
 Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 297
 (b) Township Washington Primary Registration District No. 3016 Registered No. 76
 (c) City Washington, Mo. (d) Street No. Nienstein - a subdivision of Washington, Mo. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 31 yrs. 1 mos. 26 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Anna Marguerite Heidler 31.6
 (a) Residence, No. Nienstein - Washington, Mo. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county & city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June - 27 - 1907</u>		
7. AGE	YEARS <u>31</u>	MONTHS <u>1</u>
	DAYS <u>26</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housework</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Washington Mo</u>		
FATHER	13. NAME <u>Ed Heidler</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u>	
MOTHER	15. MAIDEN NAME <u>not known</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clover Bottom Mo.</u>	
17. INFORMANT (ADDRESS) <u>Theresa Heidler Nienstein Washington Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington</u> DATE <u>8-25-38</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Alto Co. Washington Mo.</u> <u>H.H. May Local Registrar</u>		
20. FILED <u>Aug. 24</u> 19 <u>38</u>		

MEDICAL CERTIFICATE OF DEATH21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h..... alive on _____, 19____. Death is said

to have occurred on the date stated above, at 4:30 P. m.

The principal cause of death and related causes of importance were as follows:

Excessive heat
26

Date of onset

Other contributory causes of importance:

Tuberculosis of the Vertebral Column

Name of operation none Date of _____What test confirmed diagnosis? culture Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Natural Date of injury _____, 19____Where did injury occur? none

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury at homeNature of injury none24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Phos. P. Shoffer, coroner(Address) Fullerton Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Henry W. Otto, Licensed Embalmer No. 3560

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Henry W. Otto
Licensed Embalmer No. 3560

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.)