

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

44127

Do not use this space.

Registered No. 146

1. PLACE OF DEATH

(a) County Phelps 2 Registration District No. 677
 (b) Township Rolla 1 Primary Registration District No. 4403
 (c) City Rolla (d) Street No. _____ 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Laura Castleman Heflin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-2-1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 9 23

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps Co Mo

13. NAME Perrill Heflin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps Co Mo

15. MAIDEN NAME Elizabeth Daniel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps Co Mo

17. INFORMANT (ADDRESS) Mrs Chas Heflin
Rolla Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rolla Cem. DATE 12/27 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs Harry McCaw
Rolla Mo.

20. FILED Dec. 27 1938 Jos. F. Oyer
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1938, to Dec 25, 1938

I last saw him alive on Dec 25, 1938. Death is said to have occurred on the date stated above, at 5 P m.

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

Labar pneumonia Date of onset 12-18-38

Other contributory causes of importance: none

Name of operation _____ Date of _____

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

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

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) J. R. Mitchell, M. D.

(Address) Rolla Mo.

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.

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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, _____

R. J. McCaw

or by _____

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

Signed _____

R. J. McCaw

Licensed Embalmer No. _____

3953

P. O. Address _____

Rolla

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, above space should be left blank.