

REC'D SEP 13 1939

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH
28679  
Do not use this space.

## 1. PLACE OF DEATH

 (a) County Butler Registration District No. 89  
 (b) Township Paplar Bleeff South Primary Registration District No. 3007  
 (c) City Paplar Bleeff South 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.
Registered No. 203

## 2. PRINT FULL NAME

 (a) Residence, No. 1510 John Heifner St.   
R. Paplar Bleeff Mo (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## 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 Eva Fressie Heifner
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 12 1875
 7. AGE YEARS 64 MONTHS 5 DAYS 28 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farm  
 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) Carter Co Mo13. NAME Stephen Heifner14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland15. MAIDEN NAME Cynthia Ann Bauer16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT (ADDRESS) W. M. Heifner  
Paplar Bleeff Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlan Co DATE Aug 11 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) NT Phelps  
Paplar Bleeff Mo20. FILED 9/11 1939 Clutinger Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10 1939
 22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1939, to Aug 10 1939  
 I last saw him alive on Aug 8 1939. Death is said to have occurred on the date stated above, at 1 a. m.  
 The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus  
59  
 Other contributory causes of importance:  
Diabetes Gastric  
rupture of the

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Labatory Was there an autopsy? no23. 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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) W. M. Heifner, M. D.89 (Address) Paplar Bleeff 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, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**