REC'D SEP 20 1939

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

28957
Do not use this space.

1. PLACE OF DEATH
(a) County Cooper
(b) Township
(c) City Boonville
Registration District No. 218
Primary Registration District No. 3015
Registered No. 94
(d) Street No. Dr Alex Ravenswaay Clinic 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 Mrs Clara Heckerman
(a) Residence, No. Near Prairie Home Mo St.
(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: Female
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: Chris Heckerman.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 21-1889
7. AGE: Years 50 | Months 3 | Days 0 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. At Home
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) Cooper Co. Mo.

FATHER
13. NAME August Knipker.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT (ADDRESS) Chris Heckerman. Prairie Home Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Pleas. Grove Cem. Cooper Co DATE Aug 23, 1939
19. FUNERAL DIRECTOR (NAME) Goodyear & Bolle (ADDRESS) Boonville, Mo
20. FILED 8-22, 1939 D. B. Cooper (Local Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 21-, 1939
22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1939, to Aug 21, 1939
I last saw h. alive on Aug 21, 1939 Death is said to have occurred on the date stated above, at 9.30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Postpuerperal clots (Cafty hysterectomy performed somewhere else.)	

Other contributory causes of importance: N. M. D. Peritonitis 172

Name of operation Abd. drainage Date of Aug 21
What test confirmed diagnosis? Operation 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) Alex Ravenswaay, M. D.
(Address) Boonville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

V. S. No. 2. 50M-1-12-38 I X14028

RECEIVED
District Health Officer No. 8,
District File Number 918/39
Date Filed

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 G F Boller

Licensed Embalmer No. 3062

P. O. Address Boonville, 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, above space should be left blank.