

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

10322
Do not use this space.

FILED APR 12 1940

1. PLACE OF DEATH
 (a) County Butler Registration District No. 89
 (b) Township _____ Primary Registration District No. 3007
 (c) City Poplar Bluff, Mo. (d) Street No. 508 Lester St. 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 George Anthony Hebling
 (a) Residence, No. 508 Lester St. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Leta Hebling.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 16, 1881
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 6 18
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Mo. Pacific R.R.
 9. Industry or business in which work was done, as saw mill, bank, etc. R.R. Shops.
 10. Date deceased last worked at this occupation (month and year) 1938 11. Total time (years) spent in this occupation 40
 12. BIRTHPLACE (CITY OR TOWN) Evansville, Indiana
 FATHER 13. NAME George Hebling
 14. BIRTHPLACE (CITY OR TOWN) Evansville, Indiana
 MOTHER 15. MAIDEN NAME Katherine Hosa
 16. BIRTHPLACE (CITY OR TOWN) Harrisburg, Illinois
 17. INFORMANT Mrs. George Hebling Sr.
 (ADDRESS) Poplar Bluff, Mo.
 18. BURIAL, CREMATION, OR REMOVAL Masonic Cemetery
 PLACE Piedmont, Mo. DATE March 5, 1940
 19. FUNERAL DIRECTOR (NAME) Frank Und. Co.
 (ADDRESS) Poplar Bluff, Mo.
 20. FILED 3/5, 1940 Blutinger
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4, 1940
 22. I HEREBY CERTIFY, That I attended deceased from Jaw 1938 to March 4, 1940
 I last saw him alive on March 4, 1940 Death is said to have occurred on the date stated above, at 5:20 A.M.
 The principal cause of death and related causes of importance were as follows:
Coronary occlusion 1938
Broncho-Pneumonia Feb. 29, 1940
 Other contributory causes of importance: 9412
Arterio-sclerosis 1937
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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. Kneibert, M. D.
 (Address) Poplar Bluff, 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.

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20
11 X 14023

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,

Scott A. Cotrell

, or by B. J. Brentlinger

Registered Apprentice No. 208, working under my personal supervision.

Signed.....

Scott A. Cotrell

Licensed Embalmer No. 3567

P. O. Address Poplar Bluff, 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.