Dr. Bedford

AUG 10 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24965

Registration District No. 213 | Primary Registration District No. 3014 | Registrar's No. 172

1. PLACE OF DEATH:
(a) County: Cole
(b) City or town: Jefferson (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 117 East Miller Street (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 (Specify whether years, months or days)
In this community 78 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Cole (b) County: Mo
(c) City or town: Jefferson (If outside city or town limits write "RURAL")
(d) Street No.: 117 E. Miller (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Mrs. Agnes Heisinger 257
3. (b) If veteran, name war: ____
3. (c) Social Security No.: none
4. Sex: female
5. Color or race: white
6. (a) Single, widowed, married, divorced: widow
6. (b) Name of husband or wife: John Heisinger
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: June (Month) 22 (Day) 1862 (Year)

8. AGE: Years 78 | Months | Days 19 | If less than one day ____ hr. ____ min.

9. Birthplace: Cole County, Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation: Housewife 9
11. Industry or business: "
MOTHER FATHER
12. Name: Loesch 9
13. Birthplace: Germany (City, town, or county) ____ (State or foreign country)
MOTHER
14. Maiden name: Not known
15. Birthplace: ____ (City, town, or county) ____ (State or foreign country)
16. (a) Informant: Wm Heisinger
(b) Address: Jefferson City, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July-13-1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Zion Lutheran Cemetery
18. (a) Signature of funeral director: Thos. J. Gordon
(b) Address: Jefferson City, Missouri
19. (a) 7/12/40 (Date received local registrar) (b) W. Bedford, MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1940 hour 10:15 minute A M.
21. I hereby certify that I attended the deceased from May 31, 1940 to July 8, 1940 that I last saw him alive on 7/8, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Apoplexy	
Due to: Arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature: W. Bedford (M. D. or other) MD
Address: Jefferson City, Mo. Date signed 7/10/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 2
-11-10-39
5-17-39
I X21492

6
35
35

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 Thos. J. Gordon

Licensed Embalmer No. 1986

P. O. Address Jefferson City MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.