

Dr. Bedford

Registration District No. 213

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3014

State File No. 24972

Registrar's No. 194

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:  
718 West McCarty Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 84 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole  
(c) City or town Jefferson City, Missouri  
(If outside city or town limits write "RURAL")  
(d) Street No. 618 West McCarty Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Mrs. Annie Heidt 3A1

8. (b) If veteran, name war none 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 William Heidt 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased. March 27 1856  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 4 4 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Osage Bend, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name John Meisel  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Caroline ?  
15. Birthplace don't know  
(City, town, or county) (State or foreign country)

16. (a) Informant Florence Heidt  
(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof July-Aug-1-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director John J. Gordon  
(b) Address Jefferson City, Missouri

19. (a) 8/1/40 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30  
year 1940 hour 11:45 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1930 to 7/31/1940

that I last saw her alive on 7/30/1940 and that death occurred on the date and hour stated above.

Immediate cause of death Heart prostration Duration 7/30/40

Due to \_\_\_\_\_  
Due to \_\_\_\_\_ 54

Other conditions Diabetes mellitus  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

Signature [Signature] (M. D. or other) M.D.  
Address Jefferson City, Mo Date signed 8/1/40

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

26  
3  
5-1

**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. *1786*

P. O. Address. *Jeff City 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.