

**FILED SEP 25 1940**  
Registration District No. **127**

Primary Registration District No. **4432**

Registrar's No. \_\_\_\_\_

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

**1. PLACE OF DEATH**

(a) County **Ralls**  
(b) City or town **Perry**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution \_\_\_\_\_  
(If not in hospital or institution, write street number or location) \_\_\_\_\_  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **80 years** (Specify whether)  
years, months or days \_\_\_\_\_

**2. USUAL RESIDENCE OF DECEASED**

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

**3. (a) PRINT FULL NAME: LAFAYETTE HECKART**

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Susan Rhoads** 6. (c) Age of husband or wife if alive **77** years

7. Birth date of deceased **Nov 29 1857**  
(Month) (Day) (Year)

8. AGE: Years **82** Months **9** Days **23** If less than one day hr. min.

9. Birthplace **near Stantonville Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Retired Farmer**

12. Name **ELI Heckart**

13. Birthplace **Mo**  
(City, town, or county) (State or foreign country)

14. Maiden name **BETIE DOOLEY**

15. Birthplace **Ky**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Eva Young (Daughter)**

(b) Address **Stantonville Mo**

17. (a) **Santafe 2nd** (b) Date thereof **Aug 24 1940**  
(Burial, cremation, or inhumation) (Month) (Day) (Year)

(c) Place: burial or cremation **Santafe (Cem)**

18. (a) Signature of funeral director **Snyder Hanger**

(b) Address **Santa Fe Mo**

19. (a) **8/23/40** (b) **Clyde C. Wilkey**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **August**, day **22**  
year **1940** hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **Aug 12**,  
\_\_\_\_\_, 19**40** to **Aug 22**, \_\_\_\_\_, 19**40**;

that I last saw him alive on **August 22**, \_\_\_\_\_, 19**40**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Edema**

Due to **Chronic Interstitial Nephritis**

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

Other conditions (Include pregnancy within 3 months of death) **191**

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? **054**

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

23. Signature **John E. Brown** (M. D. or N. M. D.)  
Address **Perry, Mo.** Date signed **8/23/40**

Duration

**10 days**

Unknown

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 9-40-1747

Date Filed SEP 10 1940

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

*Snyder + Hanger*

Licensed Embalmer No.

P. O. Address

*Santa Fe 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.