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12-40
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Registration District No. 617

Primary Registration District No. 5818

Registrar's No. 17

1. PLACE OF DEATH

(a) County Madawasky
(b) City or town 10 N. W. Barnard Mo.
(c) Name of hospital or institution None - 10 N. W. Barnard
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether years, months or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madawasky
(c) City or town Barnard Mo.
(If outside city or town limits, write "RURAL") Rural
(d) Street No. 10 Miles N. W. Barnard.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME

James Alvin Heflin

(b) If veteran name war None (c) Social Security No. No.

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

6. (b) Name of husband or wife Lucile Snodgrass Heflin 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Dec 6 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>47</u>	<u>10</u>	<u>20</u> hr. min.

9. Birthplace Bolckow 6 Miles W. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Sherman L. Heflin

13. Birthplace 9 Miles N. W. Barnard Mo.
(City, town, or county) (State or foreign country)

14. Maiden name George Beule Heflin

15. Birthplace Carthage Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alva Heflin
(b) Address Barnard Mo.

17. (c) Burial (b) Date thereof Oct. 28 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Private Cemetery

18. (a) Signature of funeral director Campbell Funeral Home
(b) Address 957 South High Waverly Mo.

19. (a) 10/29/40 (b) Chas. W. Humberd
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 26
year 1940 about _____ minute 5 A. M.

21. I hereby certify that I attended the deceased from 10-26-1940
_____ 19____, to 10-26 - 1940
that I last saw him never alive on 10-26 - 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to _____

Due to 9410

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

Duration

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? _____

54% (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature E. M. Findley M. D. _____
Address Galena - Mo. Date signed 10/26/1940

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

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.....

William Campbell, Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No. *2650*

P.O. Address..... *Marionville, Mo*

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

If this body is not embalmed, fact should be so stated above.