

FILED JAN 21 1940

State File No. _____

Registration District No. 618

Primary Registration District No. 5820

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Nodaway
 (b) City or town Burlington, Rural Nodaway Twp.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 7 m. E. of Burlington, Mo., RFD #2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 39 years, months or days) _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway
 (c) City or town Burlington, Rural, RFD #2
 (If outside city or town limits, write "RURAL")
 (d) Street No. 7 miles East of Burlington, Mo.
 (If rural, give location) Nodaway Twp.
 (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20
 year 1940 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from _____
 _____, 19____, to _____, 19____

that I last saw him _____ alive on _____, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death gross injuries to brain, from suicidal gunshot wound of head
 Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death) 161
 Major findings: not made
 Of operations: _____
 Of autopsy: not had

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) suicide
 (b) Date of occurrence November 20, 1940
 (c) Where did injury occur? near Burlington, Mo., Missouri
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
5-40 farm home bedroom
 (Specify type of place)
 (e) While at work? no (Specify type of place)
 (e) Means of injury gunshot
 28. Signature Chas. D. Humbert (M. D. or other) 5
 Address Crown, Nodaway Co., Mo. Date signed 11/20/40

8. (a) PRINT FULL NAME Raymond Nelson Heflin

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 Elsie May Hostetter 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased March 4, 1897
 (Month) (Day) (Year)

8. AGE: Years 43 Months 8 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace near Wilcox Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business Tenant

12. Name Charles Marvin Heflin

13. Birthplace near Mayville, Missouri
 (City, town, or county) (State or foreign country)

14. Maiden name Anna Sophia Damgar

15. Birthplace Hadisly Denmark
 (City, town, or county) (State or foreign country)

16. (a) Informant Elsie May Heflin

(b) Address RFD #2 Burlington, Mo.

17. (a) Burial (b) Date thereof Nov. 23, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wilson Cemetery

18. (a) Signature of funeral director John W. Priede

(b) Address Mayville, Mo.

19. (a) _____ (b) _____
 (Date received local registrar) (Registrar's signature)

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.....

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

Signed.....

John W. Price

Licensed Embalmer No. *3229*

P. O. Address *Maryville 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43387

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 618

Primary Registration District No. 5820

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Nodaway
(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 _____ (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(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 Raymond Nelson Heflin

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month 7 day 20
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

Immediate cause of death _____

7. Birth date of deceased: (Month) _____ (Day) _____ (Year) _____

8. AGE: Years 43 Months 8 Days 16 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

9. Birthplace: (City, town, or county) _____ (State or foreign country) _____

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

10. Usual occupation _____

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name _____

13. Birthplace: (City, town, or county) _____ (State or foreign country) _____

14. Maiden name _____

15. Birthplace: (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant _____

(b) Address _____

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? _____

17. (a) _____ (b) Date thereof: (Month) _____ (Day) _____ (Year) _____

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

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

19. (a) Feb 19, 1941 (b) J. R. Hannon (Registrar's signature)

23. Signature Chas D. Humphreys (M. D. or other) _____

Address Burlington Ia Date 1941

SUPPLEMENTAL COPY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

S-43351