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FILED FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4700

Registration District No. 876 Primary Registration District No. 6164 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Vernon - 1 1 2
(b) City or town Rural - Tenth Ward
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 60 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Vernon 108
(c) City or town Rural Horton 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. Horton R-1.
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME Phebe Heathman
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Stephen Heathman
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 26, 1852 (Month) (Day) (Year)

8. AGE: Years 88 Months 7 Days 20 If less than one day hr. min.

9. Birthplace Ill. (City, town, or county) (State or foreign country)
10. Usual occupation House work.
11. Industry or business Home
MOTHER FATHER
12. Name Richard Carley
13. Birthplace Virginia (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Valentine
15. Birthplace Penna. (City, town, or county) (State or foreign country)
16. (a) Informant Mattie Heathman
(b) Address Horton, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-19-41 (Month) (Day) (Year)
(c) Place: burial or cremation Richland Cem.
18. (a) Signature of funeral director Marsh Eichinger
(b) Address Nevada, Mo.
19. (a) Jan 21-41 (Date received local registrar) (b) Sutter Ferrel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16 year 1941 hour — minute — M.
21. I hereby certify that I attended the deceased from Jan 13, 1941, to Jan 16, 1941; that I last saw her alive on Jan 16, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Influenza	5 days
Due to: Advanced age.	
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 J. N. Cove (M. D. or other)
Address Nevada, Mo. Date signed 1/18/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 2-41-171
Date Filed 2-3-41

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 Mark Eichinger

Licensed Embalmer No. 2656

P. O. Address Nevada, 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.