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

12399

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 903

Primary Registration District No. 4544

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

1. PLACE OF DEATH:

(a) County North  
(b) City or town Atterdale  
(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. \_\_\_\_\_ (Specify whether)  
In this community 10 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County North  
(c) City or town Atterdale  
(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. 0 years

3. (a) PRINT FULL NAME CALLIE HECK

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

4. Sex M 5. Color or race W  
6. (b) Name of husband or wife Jim Heck 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Mar. 1 1871  
(Month) (Day) (Year)

8. AGE: Years 69 Months 4 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Bedding Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name Benedict Thompson

13. Birthplace Bedding Iowa  
(City, town, or county) (State or foreign country)

14. Maiden name Adeline Thompson

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Walter Wilson

(b) Address Front City, Mo.

17. (a) Burial (b) Date thereof 3-12-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation High Cemetery

18. (a) Signature of funeral director Arch C. Duffee

(b) Address Front City, Mo.

19. (a) Mar 13/1941 (b) Clifford Hase  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Mar. day 10  
year 1941 hour 12:30 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Mar  
\_\_\_\_\_, 1941, to Mar 10, 1941;  
that I last saw h. or alive on Mar 10, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Cancer of liver

Due to \_\_\_\_\_  
Due to 468

Other conditions  
(Include pregnancy within 3 months of death)

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? \_\_\_\_\_

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

23. Signature Arch C. Duffee (M. D. or other) 2

Address Front City, Mo. Date signed 3/12/41

(Licensed Embalmer's Statement on Reverse Side)

**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

*Arch C. Dunfee*

Licensed Embalmer No.

*3252*

P. O. Address

*Grant City, N.*

**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, fact should be so stated above.**