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

FILLED JUN 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18595

Registration District No. 641 Primary Registration District No. 5850 Registrar's No. 15

1. PLACE OF DEATH:
(a) County Osage Jackson Mo
(b) City or town Koeltztown
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Village 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 35 to 40 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Osage 76
(c) City or town Koeltztown, Mo. 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mary-Heckemeyer
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F. M. 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Edward Heckemeyer
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased 6 (Month) - 18 (Day) - 1863 (Year)

8. AGE: Years	Months	Days	If less than one day
77	0	21	— hr. — min.

9. Birthplace Osage County (City, town, or county) Mo (State or foreign country)
10. Usual occupation House wife
11. Industry or business House keeping
FATHER
12. Name Henry Schwartz
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Werner
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)
16. (a) Informant Henry Heckemeyer
(b) Address Koeltztown, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/31/1941 (Month) (Day) (Year)
(c) Place: burial or cremation Koeltztown Mo
18. (a) Signature of funeral director H H Strop
(b) Address Meta Mo
19. (a) May 29-1941 (Date received local registrar) (b) Robert Prater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29th year 1941 hour 5 minute 15 A.M.
21. I hereby certify that I attended the deceased from April 4th, 1941, to May 29, 1941; that I last saw her alive on May 28, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	4/4 - 1941
Due to	
Due to	
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death) High B. Creatine	

Major findings:
Of operations ✓
Of autopsy None

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? 572 ✓ (Specify type of place)
While at work? ✓ (e) Means of injury ✓
23. Signature A. H. Bax (M. D. or other)
Address Freeburg, Mo Date signed 5/29/41

(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 H. H. Strop

Licensed Embalmer No. 2924

P. O. Address Meta 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, fact should be so stated above.