

140
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13159

85

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19617
State File No. 17320
Registrar's No. 564

Registration District No. _____

Primary Registration District No. 1001

Registrar's No. 564

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)
In this community 37 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1015 N. 13th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Catherine Heiney

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife David Heiney 6. (c) Age of husband or wife if alive 88 years

7. Birth date of deceased October 23 1853
(Month) (Day) (Year)

8. AGE: Years 87 Months 7 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Unknown Penn. 1
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name Joseph Lilly
13. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown 0
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph W. Heiney
(b) Address 1015 N. 13th St. St. Joseph, Mo.

17. (a) Burial (b) Date thereof May 31, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Herwald H. Hildebrand
(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) May 29-41 (b) A. J. Nestlerode
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29th
year 1941 hour 7 minute 15 A. M.

21. I hereby certify that I attended the deceased from May 25, 1941, to May 28, 1941,
that I last saw her alive on May 28, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 5/28/41

Due to arteriosclerosis

Due to senility

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None
Of operations None

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? 85
(Specify type of place) (Specify means of injury)

23. Signature Dr. D. D. D.
Address Lincoln Bldg Date signed 5/29/41

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.....

Albert C. Harrington

..... Licensed Embalmer No. 3258

P. O. Address..... St. Joseph, 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.