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FILED JUN 9 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

19674

State File No. 17377

Registration District No. 89

Primary Registration District No. 5134C

Registrar's No. 221

1. PLACE OF DEATH:  
 (a) County Butler  
 (b) City or town Quilin  
 (c) Name of hospital or institution Quilin  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 20 years  
 In this community 20 years  
 years, months or days

3. (a) PRINT FULL NAME Joseph Andrew Hefner

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

4. Sex Male 5. Color or race W 6. (a) Married  
6. (b) Name of husband or wife Dora 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov. 13 1881  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>6</u>	<u>13</u>	_____ hr. _____ min.

9. Birthplace Wayne co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Store Owner

11. Industry or business Merchant

12. Name Rufus Hefner

13. Birthplace North Carolina  
(City, town, or county) (State or foreign country)

14. Maiden name Angeline Burke

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

16. (a) Informant Mrs. Dora Hefner

(b) Address Quilin, Missouri

17. (a) Burial (b) Date thereof 5-27-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation COWAN CEMETERY  
LOWNDES Greer Croy Service

18. (a) Signature of funeral director Poplar Bluff, Missouri  
(b) Address Poplar Bluff, Missouri

19. (a) 5/28/41 (b) Kate Lutz  
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26  
year 1941 hour 3 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from May 25 - 1941 to May 26 - 1941  
that I last saw him live on May 25 - 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris 5-25-41  
Myocarditis 3-1-41

Due to chronic bronchitis 1-25-41

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations gastro  
Of autopsy \_\_\_\_\_

Duration

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? \_\_\_\_\_

23. Signature Poplar Bluff, Mo (M. D. or other) 11

Address Poplar Bluff, Mo Date signed 5-27-41

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

RECEIVED

District Health Officer

District File Number 641

Date Filed 6/6/41

**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

*Wallace W. Fitch*

Licensed Embalmer No. 3859

P. O. Address

*Poplar Bluff, 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.**