

Registration District No. 503

Primary Registration District No. 4306

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Meadville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 years (Specify whether years, months or days) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 058
(c) City or town Meadville
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
year 1941 hour 10M minute _____ P.M.
21. I hereby certify that I attended the deceased from July 7 1941
to July 7 1941
that I last saw him alive on July 7 1941
and that death occurred on the date and hour stated above.
Immediate cause of death _____ Duration _____

chronic nephritis
Due to _____
Due to _____ 1318
Other conditions muscular atrophy
(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 E. J. Warr (M. D. or other) ED
Address Meadville Mo. Date signed July 8 1941

3. (a) PRINT FULL NAME Elizabeth A. Heek

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

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

6. (b) Name of husband or wife Joseph Heek 6. (c) Age of husband or wife if 75 years

7. Birth date of deceased July 15th (Month) (Day) 1853 (Year)

8. AGE: Years 87 Months 11 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Defiance Ohio (City, town, or county) (State or foreign country)

10. Usual occupation Laborer Housewife

11. Industry or business Retired

12. Name Henry Wells

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

14. Maiden name Dont Know

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

16. (a) Informant Jane Heek

(b) Address Meadville Mo.

17. (a) Meadville (b) Date thereof July 9th 1941 (City or town) (Month) (Day) (Year)

(c) Place: burial or cremation Meadville Cemetery

18. (a) Signature of funeral director Smiley Funeral Home

(b) Address Wheeling Mo.

19. (a) 7-8 (b) E. J. Warr (Date received local registrar) (Registrator's signature)

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

8000

STATEMENT BY LICENSED EMBALMER

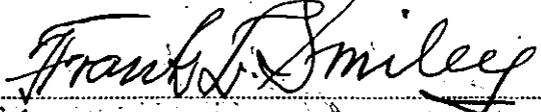
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Frank L. Smiley

Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No..... **470**

P. O. Address..... **Wheeling 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.