

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

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **29166**

Registration District No. **735**

Primary Registration District No. **3034**

Registrar's No. **182**

1. PLACE OF DEATH:

(a) County **Randolph**
(b) City or town **Moberly**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
 Wabash Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **18 days**
(Specify whether
In this community **37 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Randolph**
(c) City or town **Moberly**
(If outside city or town limits, write "RURAL")
(d) Street No. **330 Epperson St.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Frank Heifner**

3. (b) If veteran, name war **---**
3. (c) Social Security **702-05-3952**
702-05-3952

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

6. (b) Name of husband or wife **Alice Heifner** 6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased **February 20 1878**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	63	6	22	hr. min.

9. Birthplace **Macon Co. Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Engineer**

11. Industry or business **Railroad Wabash**

12. Name **Thomas Heifner**

13. Birthplace **DK Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Coulter**

15. Birthplace **DK Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Alice Heifner**

(b) Address **Moberly, Missouri**

17. (a) **Burial** (b) Date thereof **9-14-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oakland Cemetery Moberly, Mo.**

18. (a) Signature of funeral director **Davis Funeral Home**

(b) Address **Kirksville, Missouri**

19. (a) **9-14-41** (b) **Seah Williams**
(Date received local registrar) (Registrar's signature)

725 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sep.** day **12th**
year **1941** hour **11** minute **52 P.M.**

21. I hereby certify that I attended the deceased from **Aug. 26** 19 **41** to **Sep 12** 19 **41**;
that I last saw h. i. m. alive on **Sep 12** 19 **41**;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Complete Heart Block 20 da.

Due to _____

Due to **200a**

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations **None**

Of autopsy **None**

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 **P. S. Kwiatkowski** (M. D. or other) _____

Address **Moberly, Mo.** Date signed **9/15/41**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

82
83
84

SEP 17 1941

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 Harold H. Kigal
Licensed Embalmer No. 4076
P. O. Address Richsville, 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.