

FILED SEP 30 1941

State File No.

Registration District No. 767

Primary Registration District No. 14403

Registrar's No. 17

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Terrett Gene Hefflin

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (A) Name of husband or wife Jessie Hefflin 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Feb 7 1869
(Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 5 If less than one day hr. _____ min. _____

9. Birthplace Phelps County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business _____

12. Name John Hefflin

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

14. Maiden name Do not know

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

16. (a) Informant B. J. Hefflin

(b) Address Newburg Mo

17. (a) Burial (b) Date thereof Aug 14-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt. Olive

18. (a) Signature of funeral director Lee Johnson

(b) Address Newburg Mo

19. (a) 8/16/41 (b) Lee Johnson
(Date received local registrar) (Registrar's signature)

2/ USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month aug day 12 year 1941 hour 8:55 minute 45 P.M.

21. I hereby certify that I attended the deceased from May 25 1941 to June 2 1941;
that I last saw him alive on June 2 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to _____

Due to 932

Other conditions _____
(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? _____

While at work? _____ (Specify type of place)
Mean of injury _____

23. Signature William H. Tardac (O. or other) _____

Address 770 Date signed 8-16-41

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

Date Filed _____
District File Number _____
District Health Officer No. 5,

RECEIVED

District Health Officer No. 5,

District File Number 819188

Date Filed _____

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32258

Registration District No. 676

Primary Registration District No. 4402

Registrar's No. _____

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Phelps
(c) City or town Newburg
(If outside city or town limits, write "RURAL")
(d) Street No. 700 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME Til Heflin

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 7, 1869
(Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 30 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 12 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ that I last saw him _____ alive on _____ 19____ and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration _____

Due to _____

Due to _____

Other conditions _____ (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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

32258