

No. 2  
4-13-40  
-17-39  
I X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

34300

State File No. ....

FILLED NOV 12 1941

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 271

0  
2  
4

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

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: University Hosp  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days  
(Specify whether years, months or days)

In this community 4 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Boone

(c) City or town Columbia 2  
(If outside city or town limits, write "RURAL")

(d) Street No. 311 No Williams 4  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Heen, Mrs Mattie

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

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

6. (b) Name of husband or wife Robert Heen 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased Dec 31 1878  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>9</u>	<u>1</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name A. W. Miller

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

14. Maiden name Elizabeth Baker

15. Birthplace (not known) Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Miller Heen

(b) Address Rochepart Mo

17. (a) Burial (b) Date thereof Oct 6 '41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Big Spring Cem

18. (a) Signature of funeral director [Signature]

(b) Address Columbia, Mo

19. (a) 10/6/41 (b) Alcee Selby  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2<sup>nd</sup>  
year 1941 hour 1 minute 07 a.m.

21. I hereby certify that I attended the deceased from Sept. 22  
1941, to Oct. 2 1941;  
that I last saw her alive on Oct 2 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Peritonitis 10 days

Due to Ruptured Appendix

Due to 12/1/11

Other conditions Chronic Nephritis  
(Include pregnancy within 3 months of death)

Major findings: Gangrenous Appendix  
Appendix  
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? \_\_\_\_\_

While at work? [Signature] (Specify type of place) (e) Means of injury 0

23. Signature Paul Dietrich (M. D. or other)

Address 410 S. Main Bldg Date signed Oct 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

Licensed Embalmer No. 4132

P. O. Address Dumbarton

**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.**