

NOV 13 1941

Registration District No. 633

Primary Registration District No. 5892

Registrar's No.

1. PLACE OF DEATH:

(a) County Pemiscot  
(b) City or town Steele (Rural) Virginia Twp.  
(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) (Specify whether \_\_\_\_\_)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot  
(c) City or town Steele (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Alfred Wayne Heathcock

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased September 16, 1941  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 0 25 hr. \_\_\_\_\_ min.

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

10. Usual occupation None

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Alfred Heathcock  
13. Birthplace Steele Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Lois Dotson  
15. Birthplace Blytheville / Arkansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alfred Heathcock

(b) Address Steele, Mo. Route # 1

17. (a) Burial (b) Date thereof 10/11/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lester Cemetery

18. (a) Signature of funeral director German Undertaking Co.

(b) Address Steele, Mo.

19. (a) 11/6-41 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 11  
year 1941 hour 4 minute 00 A. M.

21. I hereby certify that I attended the deceased from 10-10-1941 to 10-11-1941; that I last saw him alive on 10-11-1941; and that death occurred on the date and hour stated above.

Immediate cause of death Undernourished

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 158  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 [Signature] (M. D. or other) [Signature]  
Address [Signature] Date signed 10-22-41

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

008

11-41-24

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**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, above space should be left blank.**