No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7254

Registration District No. 547 Primary Registration District No. 3029 Registrar's No. 58

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

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: West Ely Road / (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 Missouri (b) County Marion 64
(c) City or town Hannibal (If outside city or town limits, write "RURAL") 3
(d) Street No. West Ely Road (If rural, give location) 4
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Della Iritta Heiberger
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female /
5. Color or race White
6. (a) Single, widowed, married, divorced / Married
6. (b) Name of husband or wife Charles P. Heiberger
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased December 19, 1876 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	65	2	6	hr. min.

9. Birthplace Atlas, Pike County Illinois / (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business XX
FATHER
12. Name Jackson Alexander Long
13. Birthplace Tennessee / (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Pauline Sapp
15. Birthplace Pike County / Illinois (City, town, or county) (State or foreign country)
16. (a) Informant W. W. Heiberger
(b) Address West Ely Road
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/1/42 (Month) (Day) (Year)
(c) Place: burial or cremation Grandview Burial Park
18. (a) Signature of funeral director Crawford Smith
(b) Address 902 Broadway Hannibal
19. (a) 2-28-42 (Date received local registrar) (b) Robt. W. Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 26 year 1942 hour 7 minute 00 A. M.
21. I hereby certify that I attended the deceased from , 1938, to 2-26- , 1942
that I last saw her alive on 2-25-42 , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	1 year
Due to	
Due to — 94a	
Other conditions no (Include pregnancy within 3 months of death)	
Major findings: Of operations no	
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) no
(b) Date of occurrence no
(c) Where did injury occur? no (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 D. H. Hardesty (M. D. of other) M. D.
Address Hannibal Mo Date signed 2-27-42

11140 (Licensed Embalmer's Statement on Reverse Side)

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 James A. Moles

Licensed Embalmer No. 3296

P. O. Address Hannibal Missouri

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.