

FILED MAR 2 1942  
Registration District No. \_\_\_\_\_

Primary Registration District No. 6171

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Warren  
(b) City or town Pendleton  
(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 Missouri (b) County Warren  
(c) City or town Pendleton  
(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 Jan. day 8  
year 1942 hour 10 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from Dec. 6  
1941 to Jan. 8, 1942  
that I last saw her alive on Dec. 12, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Due to Coronary atherosclerosis  
Diabetes  
acute arthritis  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration

2 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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) (Means of injury)  
23. Signature Charles L. Garcia (M. D. or other)  
Address Warrenton Mo Date signed 1/9/42

3. (a) PRINT FULL NAME Ida Ann Heidbrink

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

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

6. (b) Name of husband John Heidbrink 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 13, 1867  
(Month) (Day) (Year)

8. AGE: Years 74 Months 9 Days 25  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation housewife

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

12. Name Godfrey Goodall

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

14. Maiden name unknown

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

16. (a) Informant John Heidbrink

(b) Address Warrenton, Mo. R.F.D.

17. (a) Burial (b) Date thereof 1-11-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrenton, Mo.

18. (a) Signature of funeral director J. W. Nieburg & Co.  
Warrenton, Mo.

(b) Address \_\_\_\_\_

19. (a) Jan. 12, 1942 (b) aw. chelney  
(Date received local registrar) (Registrar's signature)

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

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