

FILED MAY 20 1942

Registration District No. 308

Primary Registration District No. 4154

Registrar's No. 15

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

1. PLACE OF DEATH: Gasconade

(a) County Gasconade

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

(c) Name of hospital or institution: Residence 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade

(c) City or town Owensville
(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 Lizzie Mary Aufder Heide

(b) If veteran, name war _____ (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
year 1942 hour 7 minute 05 A.M.

4. Sex Female 5. Color or race W.

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Frederick Aufder Heide

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

7. Birth date of deceased: May 12 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 23 1942 to 4-28 1942
that I last saw h. W. alive on 4-28 1942
and that death occurred on the date and hour stated above.

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
| | <u>68</u> | <u>11</u> | <u>17</u> | hr. _____ min. |

Immediate cause of death Apoplexy

Due to Hypertension

Due to _____

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

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

Major findings: 830

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER { 12. Name Henry Depppe

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

14. Maiden name Mary Hoffman

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

Of operations _____

Of autopsy No

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Chas A Depppe

(b) Address Frankfort Ind.

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? _____

17. (a) Burial (b) Date thereof 5-1-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cem. Owensville Mo

While at work? _____ (Specify type of place) (e) Means of injury 8

18. (a) Signature of funeral director Jappmeyer Murray

(b) Address Owensville Mo

19. (a) May 1 1942 (b) Alice Back
(Date received by registrar) (Registrar's signature)

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

Address Owensville Date signed 6-1-42

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed Robert M Murray

Licensed Embalmer No. 3749

P. O. Address Owensville, Mo

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.