

FILED JUN 18 1942

Primary Registration District No. 58785879

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Perry
(b) City or town Rural Boise-Boale
(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 79-4-29 (Specify whether years, months or days)
In this community 79-4-29 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry
(c) City or town Charryville
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
year 1942 hour 1:30 minute 0 P. M.

21. I hereby certify that I attended the deceased from Apr 1936 to June 5 1942
that I last saw him alive on June 4 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Regurgitation 10 yrs

Due to ---
Due to ---

Other conditions Arterio Sclerosis 20 yrs
(Include pregnancy within 3 months of death)

Major findings: ---
Of operations: ---
Of autopsy: none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(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 J. W. Beare (M. D. or other)
Address Charryville, Mo. Date signed 6/5/42

3. (a) PRINT FULL NAME Emma Ada Heinbokel
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 or wife Henry Heinbokel 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased Jan. 6 1862 (Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 29 If less than one day hr. min.

9. Birthplace Jackson Co. ILL. (City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business ---

MOTHER FATHER { 12. Name Wilson Mc Laughlin
13. Birthplace ILL. (City, town, or county) (State or foreign country)
14. Maiden name Mary Clark
15. Birthplace ILL. (City, town, or county) (State or foreign country)

16. (a) Informant Louis Heinbokel
(b) Address McBride RFD # 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Chester ILL.

18. (a) Signature of funeral director Young & Sons
(b) Address Perryville Mo.

19. (a) 6-6-42 (Date received local registrar) (b) O. J. Quinner (Registrar's signature)

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

9
0
0

RECORDED

District Health Officer No. 4
District File Number 642-817
Date Filed 6-18-42

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 21380

P. O. Address Berryville 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, fact should be so stated above.