

No. 2
-1-4-41
-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21126
Registrar's No. 18

Registration District No. 300

Primary Registration District No. 5417

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

1. PLACE OF DEATH:

(a) County FRANKLIN
(b) City or town RURAL LYONS, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Rural
(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 _____

3. (a) PRINT FULL NAME JOHN HEIDBREDER

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

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)
7. Birth date of deceased Sept 9 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 9 13 hr. min.

9. Birthplace ELLAH, MO.
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER { 12. Name PETER HEIDBREDER
13. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)
14. Maiden name FRIEDERICA RUMBOLD
15. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

16. (a) Informant Roy Heidbreder
(b) Address Rural Mo. RR R

17. (a) Burial (b) Date thereof June 25 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Leslie Mo.

18. (a) Signature of funeral director E. H. Lemme
(b) Address Beaufort Mo.

19. (a) June 24 42 (b) Don Owens
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22
year 1942 hour 3 minute P. M.
21. I hereby certify that I attended the deceased from June 19 39 to June 22 1942
that I last saw him alive on June 22 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chron Cystitis Duration Known
Due to Chron Prostatitis

Due to 135a2
Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations No operation
Of autopsy No 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) _____
(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. H. Matthews (M. D. or Other)
Address Beaufort Mo Date signed 6/23/42

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.....
E. H. Jenne, Registered Apprentice No.....
working under my personal supervision.

Signed *E. H. Jenne*
Licensed Embalmer No. *3076*
P. O. Address *Beaufort 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.