S. No. 2
1—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41172

FILED JAN 15 1943

Registration District No. 178 — Primary Registration District No. 5665 — Registrar's No. 106

1. PLACE OF DEATH

(a) County: Lewis

(b) City or town: Steffenville (Rural)
(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 ..... In this community 1650 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Lewis

(c) City or town: Steffenville - R.R. Ewing
(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: 0

3. (a) PRINT FULL NAME: George William Heckrodt

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

4. Sex: M 5. Color or race: W 6. (a) Single, widowed, married, divorced: Widow

6. (b) Name of husband or wife: Matilda Heckrodt 6. (c) Age of husband or wife if alive: Deceased years

7. Birth date of deceased: Oct (Month) 27 (Day), 1853 (Year)

8. AGE: Years 89 Months 1 Days 16 If less than one day ..... hr. ..... min.

9. Birthplace: Adair Co. (City, town, or county) Ill. (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: .....

FATHER
12. Name: Martin A. Heckrodt
13. Birthplace: Unknown Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Anna Mary Zenge
15. Birthplace: Unknown Germany (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Horace Ketch
(b) Address: Ewing, Mo. R.2

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof: Dec 13-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Steffenville, Mo

18. (a) Signature of funeral director: Anna K. Ball
(b) Address: Ewing, Mo.

19. (a) 12-15-42 (Date received local registrar) (b) D. W. Fleming, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13 year 1942 hour 10 minute 50 A.M.

21. I hereby certify that I attended the deceased from Dec 10, 1942 to Dec 13, 1942 that I last saw him alive on Dec 12, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremic Poisoning	1 wk?
Due to: Prostatic Enlargement	
Due to: Senility	
Other conditions (Include pregnancy within 3 months of death): Paralysis due to Cerebral Hemmorrhage	10 yrs.

Major findings:
Of operations: .....
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): .....
(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? ..... (Specify type of place)
While at work? ..... (e) Means of injury: .....

23. Signature: Needs B. Stone M.D. (M. D. or other)
Address: Newark, Mo. Date signed 12/14/42

987 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-43-199
Date Filed Jan 13 1943

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 Emma K. Ball

Licensed Embalmer No. 2389

P. O. Address Ewing, 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.