

FILLED MAR 10 1943

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 30

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

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Rural Jackson Township
(c) Name of hospital or institution: St. Francis Hospital
(d) Length of stay: 23 years
In this community 23 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway
(c) City or town Pickering Jackson Town
(d) Street No. 5 1/2 miles S.E. of Pickering
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Missouri Ellen Heflin

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

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

6. (b) Name of husband or wife David Heflin 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased Oct. 21 1869

8. AGE: Years 73 Months 4 Days hr. min.

9. Birthplace Buena Vista Indiana Housewife

10. Usual occupation Housewife

11. Industry or business Elder R.A. Oliphant

12. Name Elder R.A. Oliphant 13. Birthplace Ind

14. Maiden name Catherine Simpson 15. Birthplace Ind.

16. (a) Informant Richard Heflin

(b) Address Pickering Mo.

17. (a) burial (b) Date thereof 2-23 43

(c) Place: burial or cremation Orrsburg cemetery

18. (a) Signature of funeral director Mary Heflin

(b) Address Maryville Mo

19. (a) 2-24-43 (b) Mary Cole

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21 year 1943 hour 12 minute 45 P.M.
21. I hereby certify that I attended the deceased from July 1937 to 2.20.43
that I last saw him EN alive on 2.20.43 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma left lung.

Due to metastases from left breast.

Due to 150

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 150 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? —
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? — (Specify type of place) (c) Means of injury —

23. Signature J.H. Reau (M. D. or other) Mary Heflin Address Maryville Mo Date signed 2.23.43

Duration 3 mos
24 mos.
PHYSICIAN
Underline the cause to which death should be charged statistically.

MAR 17 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 *W. L. Gee*
Licensed Embalmer No. 2539
P. O. Address *Trayville 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.