

LED APR 14 1943

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10908
Do not use this space.

1. PLACE OF DEATH
(a) County Moniteau Registration District No. 224 68
(b) Township Walker Primary Registration District No. 2046
(c) City California (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Emma Elizabeth Heist
(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Benjamin Heist
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-21-1859
7. AGE YEARS 84 MONTHS _____ DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 1

FATHER 13. NAME L. F. Messerly
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France 5

MOTHER 15. MAIDEN NAME Elizabeth Eberhardt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland 5

17. INFORMANT Clara Heist
(ADDRESS) California Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Burial DATE 3/30 1943

19. FUNERAL DIRECTOR (NAME) William F. Fudmeyer
(ADDRESS) California Mo

20. FILED 4-1-43 E. G. Kells
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28 1943
22. I HEREBY CERTIFY, That I attended deceased from Sept 1938 to March 28 1943
I last saw her alive on March 28 1943. Death is said to have occurred on the date stated above, at 3:30 P.M.
The principal cause of death and related causes of importance were as follows:

Hypertensive arterio-sclerosis Date of onset 1930
Cerebral hemorrhage 3/21/43
Other contributory causes of importance: 83a

Name of operation no Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) E. G. Kells, M. D.
(Address) California Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FORM 9-10B I X 16603

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.....

H E Freedmeyer

Licensed Embalmer No.....

2854

P. O. Address.....

California 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.