V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 15 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17322

State File No.

Registration District No. 31 | Primary Registration District No. 5108 | Registrar's No. 16

1. PLACE OF DEATH:

(a) County Benton

(b) City or town Mora Williams Twp.
(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 15 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton 8

(c) City or town Mora
(If outside city or town limits, write "RURAL") 0

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mrs Sina Heineman

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 1

5. Color or race White 1

6. (a) Single, widowed, married, divorced Widowed 1

6. (b) Name of husband or wife August Heineman

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 31st (Day) 1867 (Year)

8. AGE: 76 Years | Months 1 | Days 25 | If less than one day hr. min.

9. Birthplace Lake Creek (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Chris Bronhorst
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Rodenberg
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Arthur Heineman
(b) Address Smithton Mo R F D

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May (Month) 9, (Day) 1943 (Year)

(c) Place: burial or cremation St Paul Cemetery

18. (a) Signature of funeral director E L Eickhoff
(b) Address Cole Camp Mo

19. (a) May, 6. 1943 (Date received local registrar) (b) Pauline Harms (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5
year 1943 hour 3 minute 30 P M.

21. I hereby certify that I attended the deceased from 4-1-43
~~5-5-43~~ 5-5- 1943
that I last saw her alive on 4-18 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Coma

Due to Kidney Stone

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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 T L Beser (M. D. or other) MD
Address Cole Camp Mo Date signed 5-6-43

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 5-43-513
Date Filed 6-11-43

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 E L Eichhorst

Licensed Embalmer No. 730

P. O. Address Camp Nev

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.