

FILED
JUL 10 1943
Registration District No. **207**

Primary Registration District No. **5756**

Registrar's No. **118**

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

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1. PLACE OF DEATH:

(a) County **Maries**
(b) City or town **Rural Jefferson Twp.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **/**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **entire life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Maries**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Jefferson Twp.**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **/**

3. (a) PRINT FULL NAME **Wilma Darline Heck**

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 **infant**
6. (b) Name of husband or wife **/** 6. (c) Age of husband or wife if alive **/** years
7. Birth date of deceased **Jan. 19th 1943**
(Month) (Day) (Year)

8. AGE: Years **5** Months **1** Days **1** If less than one day **/** hr. **/** min.

9. Birthplace **Maries county Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **/**

11. Industry or business **Victor Heck**

12. Name **Gasconade County Missouri**

13. Birthplace **Maries county Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Thelma Elrod**

15. Birthplace **Maries County Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Victor Heck**
(b) Address **Belle, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **6/21/43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Liberty Cemetery**

18. (a) Signature of funeral director **Cassmann's Funeral Service**
(b) Address **Belle, Mo.**

19. (a) **6-28-43** (Date received local registrar) (b) **Erma Bassett** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6** day **20/43**
year **39** hour **3** minute **9** M.

21. I hereby certify that I attended the deceased from **May 27** 19**43** to **June 20** 19**43**
that I last saw her alive on **June 20** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia**

Due to **/**

Due to **/**

Other conditions (Include pregnancy within 3 months of death) **108**

Major findings: Of operations **/**

Of autopsy **no**

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? **/**

(e) Means of injury **/**

23. Signature **Dr. James** (M. D. or other)

Address **Cherry St.** Date signed **6/23/43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.

NOT EMBALMED

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.