

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20052**

**AUG 23 1943** 278

Registration District No. \_\_\_\_\_

Primary Registration District No. **5917-5753**

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County **Louisiana** Rural-Buffer State **Mo**  
 (b) City or town **Pike**  
 (c) Name of hospital or institution: **Home**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

**2. USUAL RESIDENCE OF DECEASED:**

(a) County **Pike** 82  
 (b) City or town **Louisiana**  
 (If outside city or town limits, write "RURAL")  
 (c) Street No. **Rural Rt 1**  
 (If rural, give location)  
 (d) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

In this community \_\_\_\_\_ years, months or days

(Specify whether \_\_\_\_\_)

**3. (a) PRINT FULL NAME**

**Petty Jane Hecht**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. **no**

4. Sex **Female** 5. Color or race **White**

6. (a)  Single  widowed, married, divorced **Single**

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased **June 14-43**

(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-------|--------|------|----------------------|
| 0     | 1      | 06   | hr. min.             |

9. Birthplace **Ashburn Mo**

(City, town, or county) (State or foreign country)

10. Usual occupation **Infant**

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
 12. Name **Clarence Hecht**  
 13. Birthplace **Frankford Mo**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Eraine Phillips**  
 15. Birthplace **Alton Ill**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Clarence Hecht**

(b) Address **Louisiana Mo Rt 1**

17. (a) **Rural** (b) Date thereof **July 22/43**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **At Meridian, Louisiana Mo**

18. (a) Signature of funeral director **John A. ...**

(b) Address **Louisiana Mo**

19. (a) **7/20/43** (b) **Hecht**  
 (Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **July** day **20**  
 year **1943** hour **8** minute **30 A** M.

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

Immediate cause of death **Natural Causes**  
 Due to **Premature birth**

Other conditions (Include pregnancy within 3 months of death) **159**

Major findings:

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **Mr. Smith** 3 **Erner**  
 Address **Louisiana Mo** Date signed **7/20/43**

**RECEIVED**

**District Health Officer No. 10**

**District File Number** *8-43-1419*

**Date Filed** *AUG 19 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.....

*George O. Wagner*

....., Registered Apprentice No.....

working under my personal supervision.

Signed *George O. Wagner*.....

Licensed Embalmer No. *3773*.....

P. O. Address *Louisiana, 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.**