

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

FILED OCT 19 1943 208

Registration District No. **208**

Primary Registration District No. **SP60**

1. PLACE OF DEATH:

(a) County **Marion**  
(b) City or town **Hwy # 61 7 miles north Palmyra**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Fabius**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. **1** (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Marion 064**  
(c) City or town **Rural** (If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country **0**

In this community **1** years, months or days (Specify whether

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **30**  
year **1943** hour **about 10** minute **05 P.M.**

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Apparently Coronary Thrombosis**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Includes pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence **8/30/43**  
(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?  
**On farm**

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature **Wm M Smith** (M.D. of Coroner)  
Address **902 Broadway Hannibal Mo.** Date signed **8/31/43**

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

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

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

7. Birth date of deceased **Dec - 8 - 1882**  
(Month) (Day) (Year)

8. AGE: Years **60** Months **8** Days **22** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Quincy Ill.** (City, town, or county) (State or foreign country)

10. Usual occupation **Painter**

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

12. Name **Martin Heiderich** (City, town, or county) (State or foreign country)

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name **Estelle Swag** (City, town, or county) (State or foreign country)

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant **Press or Newspaper**  
(b) Address \_\_\_\_\_

17. (a) **Removed** (Burial, cremation, or removal) (b) Date thereof **9/2/43** (Month) (Day) (Year)  
(c) Place: burial or cremation **Quincy Ill.**

18. (a) Signature of funeral director **W M S Pragus**  
(b) Address **Palmyra Mo.**

19. (a) **Aug 31 43** (Date received local registrar) (b) **Mrs Margaret Madley** (Registrar's signature)

**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..... *A M Sprague* .....

Licensed Embalmer No. *999* .....

P. O. Address: *Palmyra 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.**

