

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

FILED FEB 8 1947
Registration District No. **122A7**

Primary Registration District No. **3005**

1. PLACE OF DEATH:

(a) County **Bate Co.**
(b) City or town **Butler, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Butler Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day** (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **WILFRED Lions HEARTING**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased **Sept 25 1925**
(Month) (Day) (Year)

8. AGE: Years **18** Months **3** Days **12** If less than one day
hr. _____ min. _____

9. Birthplace **Prockville Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name **Fred Hearting**
13. Birthplace **St. Louis Co. Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Anna Seal**
15. Birthplace **Wabasha Co. Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Fred Hearting**
(b) Address **Applta. Co., Mo.**

17. (a) **Burial** (b) Date thereof **1 9 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Applta. Co., Mo.**

18. (a) Signature of funeral director **Orson Bell**
(b) Address **Applta. Co., Mo.**

19. (a) **1-9-44** (b) **Pauline Cumpton**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **7**
year **1944** hour **5** minute **2** M.
21. I hereby certify that I attended the deceased from **Jan 2**
1944 to **Jan 7 1944**
that I last saw her alive on **Jan 6 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Peritonitis**
Duration _____

Due to **ruptured cyst of pancreas**
Due to _____

Other conditions **179**
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
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 **A. L. Hansen** (M. D. or other) **MO**
Address **Applta. Co., Mo.** Date signed **1-7-44**

RECEIVED

District Health Officer No. 7,

District File Number 1-44-105

Date Filed 2-7-44

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 Oscar Ebboff

Licensed Embalmer No. 3942

P. O. Address Opelika, Ala.

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.