V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 8 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3900

Registration District No. 274 Primary Registration District No. 5932 Registrar's No. 5

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town LAMONTE (Rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: / La Monte Twp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 70 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis 80

(c) City or town LAMONTE Rural 0
(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

3. (a) PRINT FULL NAME Joseph William Hefferfinger

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 Married

6. (b) Name of husband or wife Georgia A Hefferfinger

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased March (Month) 29 (Day) 1872 (Year)

8. AGE: Years 71 Months 9 Days 4 If less than one day hr. min.

9. Birthplace Fort Wayne Ind (City, town, or county) / (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Thomas Hefferfinger
13. Birthplace Dont Know (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Margret Sterlin
15. Birthplace Dont Know (City, town, or county) 9 (State or foreign country)

16. (a) Informant Clyde Hefferfinger
(b) Address La Monte Mo.

17. (a) (Burial, cremation, or removal) (b) Date thereof 1-5-44 (Month) (Day) (Year)
(c) Place: burial or cremation La Monte Mo.

18. (a) Signature of funeral director B. J. Vanier
(b) Address La Monte Mo

19. (a) 1-5-44 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month I day 3
year 1944 hour II minute 50 A.M.

21. I hereby certify that I attended the deceased from Oct 1940, 19 to Jan 3, 1944, 1943
that I last saw him alive on Jan 7, 1944, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Degeneration — Duration 3 mo

Due to Apoplexy Oct 1940

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

93d

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature W. E. Walker (M. D. ~~or other~~) M.D.
Address La Monte Mo Date signed 1-4-44

1022

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
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 B. F. Carter

Licensed Embalmer No. 1592

P. O. Address La Montoro

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.