

6
FILED FEB 17 1944
Registration District No. _____

Primary Registration District No. 5331

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Dade
(b) City or town Cedarville Cedarville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Cedarville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE (Specify whether
In this community lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade
(c) City or town Cedarville
(If outside city or town limits, write "RURAL")
(d) Street No. Cedarville
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME Rebecca Heifner

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

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

7. Birth date of deceased March 28 1850
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
93 9 19 _____ hr. _____ min.

9. Birthplace Dade County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business House work

MOTHER FATHER

12. Name Jesse Scott

13. Birthplace no record 9
(City, town, or county) (State or foreign country)

14. Maiden name Raindexter

15. Birthplace no record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ellen Marshall

(b) Address Jerico Springs Mo.

17. (a) Burial (b) Date thereof Jan 16 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cedarville

18. (a) Signature of funeral director Ward Funeral Home

(b) Address Greenfield, Missouri

19. (a) Dec 22 1944 (b) Rebecca Heifner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15
year 1944 hour 6 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from Jan-8-44
to Jan 15 1944
that I last saw h. or alive on Jan 15
and that death occurred on the date and hour stated above.

Immediate cause of death Senile pneumonia

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 109:1

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 _____

(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 J

Signature J.P.B. Amster (M. D. or other)

Address Jerico Springs Mo. Date signed 1-15-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1083

RECEIVED

District Health Officer No. 6;

District File Number 244-227

Date Filed FEB 15 1944

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 Sam E. Sencer, Jr.

Licensed Embalmer No. 4099

P. O. Address Sturfield 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.