

FILED MAY 11 1944
Registration District No. 72

Primary Registration District No. 1000

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
809 north 25th st. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 6 months
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 809 north 25th st. 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0 T

3. (a) PRINT FULL NAME Mary Francis Heyer
3. (b) If veteran, name war -
3. (c) Social Security No. L

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 16 day April
year 1944 hour 3 minute 40 P.M.
21. I hereby certify that I attended the deceased from Jan
4 1944, to Apr-16 1944;
that I last saw her alive on Apr-8 1944
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Frank A Heyer
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 16 1914
(Month) (Day) (Year)

Immediate cause of death Ante-mortem Abstruction 104.
Due to Obstruction of Descending Colon
Due to _____

8. AGE: Years Months Days If less than one day
79 4 26 hr. _____ min.

9. Birthplace Boston Massachusetts
(City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business _____

MOTHER FATHER
12. Name William Taylor
13. Birthplace unknown England
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant E. W. Heyer
(b) Address 809 N. 25th St St Joseph Mo

17. (a) burial (b) Date thereof April 18 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Joseph Memorial Park

18. (a) Signature of funeral director Heaton B. Gole & Borman

(b) Address St Joseph Mo

19. (a) 4/17/44 (b) Are Heyer
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy 122 f v

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 0

23. Signature T. L. Howden (M. D. or other) M.D.
Address 620 main st. St Joseph Mo Date signed 4-17-44

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

1233

T. S. Howden
Rulipalmist Bldg

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 Frank A. Bowring
Licensed Embalmer No. 1710
P. O. Address St. George's 74

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.