

FILED MAY 9 1944  
Registration District No. 9/1944

Primary Registration District No. 5449

Registrar's No. 70

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

1. PLACE OF DEATH:  
(a) County Franklin  
(b) City or town Rural Lyon  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

In this community \_\_\_\_\_ (Specify whether years, months or days)

8. (a) PRINT FULL NAME Ida M. Stotte

3. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased June 1 1871  
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Campbellton Mo. S.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

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

12. Name Herman Heemeyer

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

14. Maiden name Thermina Sommer

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

16. (a) Informant Gene H. King

(b) Address Washington

17. (a) Rural (b) Date thereof April 7, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crossed Cemetery

18. (a) Signature of funeral director E. J. Lemme  
(b) Address Beaufort Mo

19. (a) April 6-44 (b) Don Owens  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Franklin

(c) City or town Rural 36  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) \_\_\_\_\_

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 5  
year 1944 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 1 1943 to Apr 5 1944

that I last saw her alive on Apr 4 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration 10 hours

Due to Chronic Arterial Hypertension

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

Other conditions (Include pregnancy within 3 months of death) 3a!

Major findings: Of operations No operation

Of autopsy No 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) (a) Means of injury \_\_\_\_\_

23. Signature L. H. Matthews (M.D. or other) \_\_\_\_\_  
Address Beaufort Mo Date signed 4-24-44

RECEIVED

District Health Officer No. 0,

District File Number.....

Date Filed 5-8-44

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.....

*E. H. Jenness*

Registered Apprentice No. ....

working under my personal supervision.

Signed

*E. H. Jenness*

Licensed Embalmer No. 3076

P. O. Address Beaufort 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, above space should be left blank.