

FILED APR 28 1944

State File No. _____

Registrar's No. 326

Registration District No. 2000

Primary Registration District No. 2000

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

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(c) Name of hospital or institution: 1620 WASHINGTON
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. County Greene
(b) City or town Springfield
(c) Street No. 1620 Washington
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME EMMA L. HECKARD
(b) If veteran, name war NONE
(c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 10
year 1944 hour 8 minute 50 A.M.

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife FRED HECKARD
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased: MARCH 7 1898

21. I hereby certify that I attended the deceased from Aug. 1 1943 to Apr. 10 1944
that I last saw her alive on Apr. 9 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 56 Months 1 Days 3 If less than one day _____ hr. _____ min.

Immediate cause of death Carcinoma of uterus
Due to _____

9. Birthplace Howell Co. MO.

Due to _____
Other conditions _____
Major findings: _____
Of operations _____
Of autopsy _____

10. Usual occupation House wife
11. Industry or business at Home

MOTHER FATHER
12. Name Samuel Foster
13. Birthplace unk. Tenn.
14. Maiden name unk. Jeffry
15. Birthplace unk. W. Va.

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant Mrs Floyd Benedict
(b) Address new York City

While at work? _____
(e) Means of injury _____
23. Signature Arthur D. Krabb (M. D. or other) M. D.
Address W. Va. Council Date signed 4-12-44

17. (a) Burial (b) Date thereof Apr. 13-1944
(c) Place: burial or cremation Rose Hill Cemetery
18. (a) Signature of funeral director W.F. King
(b) Address Springfield, Mo.
19. (a) 4-12-44 (b) D. O. W. Sandley

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 *W. E. Rhodes*
Licensed Embalmer No. *4070*
P. O. Address *Springfield*

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.

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