

FILED APR 28 1944

State File No. \_\_\_\_\_

Registration District No. 204

Primary Registration District No. 8046

Registrar's No. 163

1. PLACE OF DEATH:  
(a) County Moniteau  
(b) City or town California  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution -- (Specify whether  
In this community Three years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Moniteau 68  
(c) City or town California  
(If outside city or town limits, write "RURAL")  
(d) Street No. 603 William  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country Native

3. (a) PRINT FULL NAME Albert William Heidel  
3. (b) If veteran, name war No  
3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 14th  
year 1944 hour 5 minute 30 P. M.  
21. I hereby certify that I attended the deceased from Dec 1 1943  
Mar 14 1944 to Mar 14 1944  
that I last saw him in alive on Mar 14 1944  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Margaret Ellen Heidel  
6. (c) Age of husband or wife if alive 71 years  
7. Birth date of deceased July, 7th. 1868  
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage 3 day  
Duration

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>8</u>	<u>7</u>	hr. _____ min.

Due to Arterio Sclerosis  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace Junction City, Kansas  
(City, town, or county) (State or foreign country)  
10. Usual occupation Farmer (Retired)

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 \_\_\_\_\_

MOTHER, FATHER  
11. Industry or business \_\_\_\_\_  
12. Name Helmuth Heidel  
13. Birthplace Micklenberg Germany 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Fredricka Hintz  
15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Louise Heidel  
(b) Address California, Mo  
Burial (c) Date thereof 3/16/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation California, Mo

23. Signature L. L. Latham (M. D. certifier)  
Address California Mo Date signed 4-15-44

18. (a) Signature of funeral director James E. Richards  
(b) Address Tipton, Mo  
19. (a) 3-16-44 (b) R. J. Altel  
(Date received local registrar) (Registrar's signature)

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

1312

RECEIVED

District Health Officer No. 9,

District File Number \_\_\_\_\_

Date Filed 4-27-44

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,  By \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed James E. Richards

Licensed Embalmer No. 2466

P. O. Address Tipton, 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.