DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1944

Registration District No. 0

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3056

State File No. 15582

Registrar's No. 91

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Woodland Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

(d) Street No. 312 Farrar (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Minnie Frances Heifner

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased June (Month) 24th (Day) 1894 (Year)

8. AGE: Years 49 Months 9 Days 18 If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business

FATHER

12. Name Velbo Heifner

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

MOTHER

14. Maiden name Louisa Griffith

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

16. (a) Informant Mrs Velbo Heifner

(b) Address Moberly Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apl 14 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Mo

18. (a) Signature of funeral director Mahan and Son

(b) Address Moberly Mo

19. (a) 4-14-44 (Date received local registrar) (b) Irma Kaul (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12th year 1944 hour 1 minute 20 A.M.

21. I hereby certify that I attended the deceased from apr. 10 1944 to apr. 12 1944; that I last saw the deceased alive on apr. 12 1944, and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy, left, — Duration apr 10 1944

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of 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) no

(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

23. Signature Dr L. E. Fuller M.D. (M. D. or other)

Address Moberly Mo Date signed 4/14/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-44-1103
Date Filed MAY 12 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 Frank D. Witt

Licensed Embalmer No. 3021

P. O. Address Moberly Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.