S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1944

Registration District No. 278

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3054

State File No. 22273

Registrar's No.

1. PLACE OF DEATH:

(a) County: Pike

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

(c) Name of hospital or institution: Pike County Hospital (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution (Specify whether years, months or days) 21 days

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Pike 82

(c) City or town: Eolia rural (If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location) 0

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME: Lillian Marie Heffner

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: Married

6. (b) Name of husband or wife: George Thomas Heffner

6. (c) Age of husband or wife if alive: 36 years

7. Birth date of deceased: July (Month) 3 (Day) 1909 (Year)

8. AGE: Years 34 Months 11 Days 5 If less than one day hr. min.

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

10. Usual occupation: House wife

11. Industry or business:

FATHER 12. Name: Edward Nusbaum

FATHER 13. Birthplace: New Berlin (City, town, or county) Ill. (State or foreign country)

MOTHER 14. Maiden name: Laura Winschief

MOTHER 15. Birthplace: (?) (City, town, or county) (State or foreign country)

16. (a) Informant: George Heffner

(b) Address: Whiteslide Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 12 1944 (Month) (Day) (Year)

(c) Place: burial or cremation: Eolia Cemetery

18. (a) Signature of funeral director: Gooch Hdwe Co

(b) Address: Eolia Mo

19. (a) June 10 1944 (Date received local registrar) (b) ~~B M Gooch Hdw~~ (Registrar's signature)

1164 Lillie Wood (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8 year 1944 hour 10:00 minute 55 P.M.

21. I hereby certify that I attended the deceased from 5-18-, 1944, to 6-8-, 1944; that I last saw him alive on 6-8, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of the pancreas with Metastisis to the liver	
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)

(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 0

23. Signature: J. H. Nusbaum (M. D. or other)

Address Date signed

RECEIVED
District Health Officer No. 10
District File Number 7-44-1287
Date Filed JUL 11 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 Norman E. Gooch

Licensed Embalmer No. R 342

P. O. Address Eolia 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.