

FILED AUG 14 1944

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

Registration District No. \_\_\_\_\_

Primary Registration District No. 5357

Registrar's No. 66

1. PLACE OF DEATH:

(a) County Daviess  
(b) City or town Pattonsburg Rural Benton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: home  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether) \_\_\_\_\_  
In this community 5-1 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Daviess 31  
(c) City or town Pattonsburg Rural  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_  
(If rural, give location) #1  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_ 0

3. (a) PRINT FULL NAME

Ora A. Hefley

(b) If veteran, name war \_\_\_\_\_

(c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29  
year 1944 hour 3:30 minute 0 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1944 to June 29, 1944  
that I last saw him alive on 10 AM June 29 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis Duration 10 hrs

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife: Dora Hefley 6. (c) Age of husband or wife if alive 57 years  
7. Birth date of deceased: July 22 1874  
(Month) (Day) (Year)

8. AGE: Years 69 Months 11 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business Farming

12. Name: Rufus Hefley

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

14. Maiden name: Machna Miller

15. Birthplace: not known  
(City, town, or county) (State or foreign country)

16. (a) Informant: Rufus Hefley

(b) Address: Jameson, Mo R.R.

17. (a) Buried (b) Date thereof: 7-2-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: 000?

18. (a) Signature of funeral director: Lee J. Gomer

(b) Address: Pattonsburg Mo

19. (a) 7-7-44 (b) A. C. Fisherman  
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations: 940

Of autopsy \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature: L R Knight (M.D. or other) 00

Address: Pattonsburg Mo Date signed: 7-3-44

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

51  
00

**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..... *G. Schomer*.....

Licensed Embalmer No. *2857*.....

P. O. Address..... *Duttonsburg 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.**