

FILED SEP 2 1944  
Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 242

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

1. PLACE OF DEATH:

(a) County Marion  
(b) City or town Hannibal  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Levering Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community lifetime years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Marion  
(c) City or town Hannibal  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1207 Sierra St.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Henry Luvic Heinze

(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. 486-20-2561

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
7. Birth date of deceased: Sept. 29 1884  
(Month) (Day) (Year)

8. AGE: Years 59 Months 10 Days 20 If less than one day hr. min.

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

10. Usual occupation Coal mill

11. Industry or business Cement Plant

MOTHER FATHER  
12. Name Philip Heinge  
13. Birthplace Germany  
(City, town or county) (State or foreign country)  
14. Maiden name Kathryn (Unknown)  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma Heinge

(b) Address 1207 Sierra St.

17. (a) Burial (b) Date thereof 7 22 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Paradise Cemetery

18. (a) Signature of funeral director Chas. P. Schwartz

(b) Address 1000 Broadway

19. (a) July 26 1944 (b) R. W. Connor  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 year 1944 hour \_\_\_\_\_ minute 0 P.M.

21. I hereby certify that I attended the deceased from July 12 to July 19 1944  
that I last saw him alive on July 19 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism Duration few minutes

Due to Inter-lobar abscess 10 days  
left lung (with)  
Due to inflammation

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 33a Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_ Means of injury \_\_\_\_\_  
23. Signature R. W. Connor (M. D. or \_\_\_\_\_)  
Address Hannibal Mo. Date signed 7-24-44

SEP 12 1944

SEP 28 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. ~~4110~~ working under my personal supervision.

Signed Jack N. Luckens  
Licensed Embalmer No. 4110  
P. O. Address Hannibal, 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.