

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37855

FILED DEC 8 1944
Registration District No. 934

Primary Registration District No. 3023

Registrar's No. 198

1. PLACE OF DEATH:

(a) County Henry Clinton
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Waterch
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 years (Specify whether years, months or days)
In this community 4 years

3. (a) PRINT FULL NAME America Heard
3. (b) If veteran, ✓ name war ✓
3. (c) Social Security No. ✓

4. Sex Fe 5. Color or race wh 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife R.L. Heard 6. (c) Age of husband or wife if alive 7-13-1865
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 2 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Anthony Fischer

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

14. Maiden name Martha Edwards

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

16. (a) Informant J.T. Heard

(b) Address Clinton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-17-44
(Month) (Day) (Year)

(c) Place: burial or cremation Adam Ceme

18. (a) Signature of funeral director Fred Williams

(b) Address Clinton Mo

19. November 17, 1944 (Date received local registrar) Georgia Kitchen (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry
(c) City or town Clinton
(If outside city or town limits, write "RURAL")
(d) Street No. 7 Water St
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 15 year 1944 hour 9:45 minute PM

21. I hereby certify that I attended the deceased from 10-25, 1944 to 11-15, 1944
that I last saw her alive on 11-15, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration 3 weeks

Due to 830

Due to 830

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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?

23. Signature Ed. C. Fisher MD (Specify type of case) (c) Means of injury

Address Clinton Mo Date signed 11-15-44

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Sheet No. 7,
Date Filed 11-44-1966
12-5-66

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.....

Frederick Williamson

Licensed Embalmer No.....

2478

P. O. Address.....

Clinton 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.