

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: St. Johns
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 2 weeks (Specify whether)

In this community 51 Years (years, months or days)

3. (a) PRINT FULL NAME Elizabeth Ann Heger

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 Joseph 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased August 28 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

77 3 1 hr. min.

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

10. Usual occupation

11. Industry or business Housewife

MOTHER FATHER { 12. Name Henry Myer

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

14. Maiden name DK Redelmann

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

16. (a) Informant Joseph Heger

(b) Address Rt #2 Jasper, Missouri

17. (a) Burial (b) Date thereof Dec 2 - 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Thornhill-Dillon Mortuary

(b) Address Joplin, Missouri

19. (a) 12-1-44 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

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

(d) Street No. Rt #2 Jasper, Missouri
(If rural, give location)

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

If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 29, day 1934
year 1944 hour 2: minute 15 P.M.

21. I hereby certify that I attended the deceased from 1934
19..... to Nov 29, 1944 19.....
that I last saw h or alive on Nov 24, 1944 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Oedema Duration

Due to Mitral Insufficiency

Due to

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: 92
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?

(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 0

23. Signature [Signature] (M. D. or other) 0

Address Neck City, Mo. Date signed 12-1-44

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

Dr, Blanke

44-12-998

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..... *David Dillon*

Licensed Embalmer No. *3898*

P. O. Address..... *Joplin, 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.