

FILED JAN 19 1945
Registration District No. 229

Primary Registration District No. 44-85-6112A Registrar's No. 45

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

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1. PLACE OF DEATH:
(a) County Scott
(b) City or town Keokuk
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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 44 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Scott 100
(c) City or town Keokuk
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Caroline Dorothea Heeb
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec, day 6
year 1944 hour 2 minute 30 P M.
21. I hereby certify that I attended the deceased from
Dec. 5, 1944 to Dec. 6, 1944
that I last saw her alive on Dec. 6, 1944
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Michael Heeb alive _____ years
6. (c) Age of husband or wife if _____ years
7. Birth date of deceased Sep 12, 1872
(Month) (Day) (Year)

Immediate cause of death Lobar pneumonia Duration 2 days
Due to _____
Due to _____ 108

8. AGE: Years 72 Months 2 Days 24
If less than one day _____ hr. _____ min.

Other conditions Chronic myocarditis 2 yrs.
(Include pregnancy within 3 months of death)

9. Birthplace Benton Mo
(City, town, or county) (State or foreign country)
10. Usual occupation House Keeper

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name Fredrich Sandvas
13. Birthplace Ahsase Horraine
(City, town, or county) (State or foreign country)
14. Maiden name Johanna Kruse
15. Birthplace Ahsase Horraine
(City, town, or county) (State or foreign country)

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?

16. (a) Informant Fred Heeb
(b) Address Keokuk, Mo
17. (a) Burial (b) Date thereof 12-9-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Authebn Illmo Mo
18. (a) Signature of funeral director B. S. Blinghoff & Nubbers
(b) Address Chaffee, Mo
19. (a) 12/11/44 (b) M. W. L. Tomlinson
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature M. D. W. ... (M. D. or other) M. D.
Address Illmo, Mo. Date signed 12-7-44

RECEIVED

District Health Office No. 2

District File Number 145-6

Date Filed 1-5-45

OCT 8 1952

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..... *Mamie Beaplengheff*
Licensed Embalmer No. 3242
P. O. Address..... *Chaffee 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.