V. S. No. 2
00M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5784

FILED MAR 14 1945

Registration District No. 20 Primary Registration District No. 3011 Registrar's No. 21

1. PLACE OF DEATH:
(a) County Carroll
(b) City or town Carrollton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 208 E. Benton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Entire life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Carroll
(c) City or town Carrollton
(If outside city or town limits, write "RURAL")
(d) Street No. 208 E. Benton
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CAROLINE HEINS
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Fe.
5. Color or race W.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Wm. F. Heins
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. (Month) 13 (Day) 1872 (Year)
8. AGE: Years 73 Months 0 Days 26 If less than one day hr. min.
9. Birthplace Carrollton (City, town, or county) Mo. (State or foreign country)
10. Usual occupation At home
11. Industry or business
MOTHER FATHER
12. Name Lawrence Stemple
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Christine Fox
15. Birthplace Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Floyd Heins
(b) Address Carrollton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-10-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cem.
18. (a) Signature of funeral director Standley
(b) Address Carrollton, Mo.
19. (a) 2-10-45 (Date received local registrar) (b) Mrs James Raffety (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8 year 1945 hour 3 minute 45 P. M.
21. I hereby certify that I ~~attended the deceased from~~ did not attend this lady at any time during 19 ; that I last saw her alive on 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death and arrived to appearance just after death. Later went to morgue and ex-
Due to amined chest after it was
Due to weight she just thought died from
Due to cancer of breast, and that was what
Other conditions Personally I think
(Include pregnancy within 3 months of death) Dr Cassidy's report was what
Major findings of operations
Of autopsy No autopsy

Duration

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) No
(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? (e) Means of injury
23. Signature R. F. Cook M.D. (M. D. or other)
Address Carrollton, Mo. Date signed 2-12-45

1053 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 3-12-42

FEB 28 1949

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.

APR 30 1945

Signed Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton 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.