U. S. No. 2
OM—8-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9104

FILED APR 5 1945

Registration District No. 2

Primary Registration District No. 1000

Registrar's No. 335

1. PLACE OF DEATH:
(a) County Buchanan,
(b) City or town Saint Joseph,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)
In this community 7 days,

2. USUAL RESIDENCE OF DECEASED:
(a) State Nebraska (b) County Richardson
(c) City or town Verdon,
(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 Lewis Heineman
3. (b) If veteran, name war None,
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married,
6. (b) Name of husband or wife Nellie Heineman
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased March 17th. 1868 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
77	0	6	hr. min.

9. Birthplace Lenark, Illinois, (City, town, or county) (State or foreign country)
10. Usual occupation Farmer,
11. Industry or business Farm
MOTHER FATHER
12. Name Daniel Heineman,
13. Birthplace Unknown, Germany, (City, town, or county) (State or foreign country)
14. Maiden name Unknown,
15. Birthplace Unknown, Germany (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Nellie Heineman
(b) Address Verdon, Nebraska
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/23/45 (Month) (Day) (Year)
(c) Place: burial or cremation Falls City, Nebraska
18. (a) Signature of funeral director Heaton, Bebee & Bowman
(b) Address 319 So. 10th. Street
19. (a) 3-23-45 (Date received local registrar) (b) Helen I. Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23rd, year 1945 hour 8:00 minute 20 A.M.
21. I hereby certify that I attended the deceased from Mar 13, 1945, to Mar 23, 1945, that I last saw him alive on Mar 23, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	4 hrs
Art sclerosis	years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	wks

Major findings:
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? (City or town) (County) (State)
(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
23. Signature D. R. Dixson (M. D. or other) MD
Address St Joseph Mo. Date signed 3-24-45

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(Licensed Embalmer's Statement on Reverse Side)

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 Gerald T. Wade

, Licensed Embalmer No. 4472

P. O. Address St. Joseph 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.