

FILED MAY 7 1945

Primary Registration District No. 5867

006
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Barton

(a) County Barton

(b) City or town Rural (Central Township)
(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)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 18 years years, months or days)

3. (a) PRINT FULL NAME EMILY CADDE HEISTEN

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 Widowed

6. (b) Name of husband or wife John A. Heisten 6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased October 29 1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	85	5	15	hr. _____ min.

9. Birthplace Carthage, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Hanibal Shank

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

14. Maiden name Elizabeth Henry

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

16. (a) Informant Mrs. C. F. Alumbaugh

(b) Address Iantha, Missouri

17. (a) Burial (b) Date thereof 4-17-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope Cem. Avilla, Mo.

18. (a) Signature of funeral director KONANTZ FUNERAL HOME

(b) Address Lamar, Missouri

19. (a) 4-8-45 (b) Martha River
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

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

(d) Street No. Iantha, RFD #1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
year 1945 hour 6 minute 00 P.M.

21. I hereby certify that I attended the deceased from 4/8, 45 to 4/8, 45, 1945;
that I last saw her alive on 4/8, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer Duration _____

Due to 0

Due to 0 55

Other conditions 0
(Include pregnancy within 3 months of death)

Major findings: Malignant tumor well developed on left side and front part of neck
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) 0

(b) Date of occurrence 0

(c) Where did injury occur? 0
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

(Specify type of place) _____ (e) Means of injury 0

23. Signature A. G. Eddleman (M. D. or other) _____
Address Liberal Mo. Date signed 4/15/45

RECEIVED

District Health Officer No. 61

District File Number 545-509

Date Filed MAY 2 1945

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 Carl F. Konantz

Licensed Embalmer No. 2247

P.O. Address Lamar, Missouri

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.