S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26975

Registration District No. 7 Primary Registration District No. 3763 Registrar's No. 237

1. PLACE OF DEATH:
(a) County CALLAWAY
(b) City or town RURAL Cole Sau Dessau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R. F. D. Tebbetts 1 mi
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 6 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CALLAWAY
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. Tebbetts R. F. D. #2
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM LIVINGSTON HEIDBREDER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race White

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ESTELLA DAVIS

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased OCT. (Month) 25 (Day) 1874 (Year)

8. AGE: Years 70 Months 9 Days 17 If less than one day hr. min.

9. Birthplace OSAGE CO. (City, town, or county) MO. U (State or foreign country)

10. Usual occupation

11. Industry or business FARMER

MOTHER FATHER
12. Name ALBERT HEIDBREDER
13. Birthplace GERMANY (City, town, or county) (State or foreign country)
14. Maiden name MARY BUEHRLEN
15. Birthplace OSAGE CO. (City, town, or county) MO (State or foreign country)

16. (a) Informant VIRGIL HEIDBREDER
(b) Address TEBBETTS, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8 13 1945 (Month) (Day) (Year)
(c) Place: burial or cremation TOWNLEY-CHAMOIS

18. (a) Signature of funeral director Glen G. Mangum
(b) Address 712 Court Fulton, Mo.

19. (a) 8-13-1945 (Date received local registrar) (b) Josie Mozanek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 11 year 1945 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from Aug 11 at home, 1945, to Aug 11, 1945, that I last saw him alive on at home of Death 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Arteriosclerosis hypertension

Due to Abus

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of 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)
(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 W. H. Williams (M. D. or other)
Address Mexico Date signed 8-13-45

1147

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 9-10-45

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 Glen G. Maupin
Licensed Embalmer No. 2725
P. O. Address Fulton, 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.