

FILED NOV 7 1945

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirkville, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Community Nursing Home Care of
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one month and
(Specify whether
In this community one week
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Kirkville
(If outside city or town limits, write "RURAL")
(d) Street No. RFD # 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Elizabeth Heward

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 single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 24, 1360
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 1 23 hr. min.

9. Birthplace DK Minn.
(City, town, or county) (State or foreign country)

10. Usual occupation Farm owner

11. Industry or business Agriculture

12. Name Thomas Heward

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

14. Maiden name Lycena Lane

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

16. (a) Informant Mrs. J. W. Reynolds

(b) Address Kirkville, Mo R.F.D. # 2

17. (a) Burial (b) Date thereof 10/19/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cemetery

18. (a) Signature of funeral director Missional Home

(b) Address Kirkville, Mo

19. (a) 10-29-45 (b) Kate Lambert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 17 day 17
year 1945 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from Sept 10
45 to Oct 17 1945
that I last saw her alive on Oct 16 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Vasomotor collapse Duration 2 days

Due to Myocardial failure

Due to Chronic Myocarditis years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations g2d 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 2

23. Signature M.T. Latensha or other DD
Address Kirkville, Mo Date signed 10-19-45

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 11-45-1625

Date Filed NOV 6 1945

NOV 8 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.....

Zander Beatty

Licensed Embalmer No. 4379

P. O. Address Kirkville, 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.