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

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37375

FILED DEC 8 1945

Registration District No. 146 Primary Registration District No. 3024 Registrar's No. 75

1. PLACE OF DEATH:
(a) County Howard
(b) City or town Fayette Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lee Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 weeks (Specify whether years, months or days)
In this community 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howard
(c) City or town Fayette
(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 Mary Elizabeth Brown Heying
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 Married
6. (b) Name of husband or wife A. F. Heying
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased March 9, 1871 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
74	8	1	hr. min.

9. Birthplace Montgomery County Missouri (City, town, or county) (State or foreign country)
10. Usual occupation At home
11. Industry or business
MOTHER FATHER
12. Name John I. Brown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Sarah Jane Strein
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant A. F. Heying
(b) Address R.F.D. 2 Fayette, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/12/45 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Cemetery Glasgow Mo.
18. (a) Signature of funeral director Ralph A. Carr
(b) Address Fayette, Missouri
19. (a) 11-15-45 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 10 year 1945 hour 11:00 minute A M.
21. I hereby certify that I attended the deceased from March 10, 1945, to Nov 10, 1945 that I last saw her alive on 11-10, 1945 and that death occurred on the date and hour stated above.
Immediate cause of death Cirrhosis of Liver
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration 6 mo

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 [signature] (M. D. or other) M.D.
Address Fayette Mo. Date signed 11-15-45

15-31 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-7-45

MAY 10 1946

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 Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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.