

Registration District No. 342

Primary Registration District No. 6-133 4505 Registrar's No. 13

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Bell City Pike
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether) none
In this community Defetring
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town Bell City
(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 LUTHER ISAAC HEFNER

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 Alora Hefner 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Aug. 8, 1892
(Month) (Day) (Year)

8. AGE: Years 53 Months 2 Days 13 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Wesley Hefner

13. Birthplace not known
(City, town, or county) (State or foreign country)

14. Maiden name Alma

15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alora Hefner

(b) Address Bell City, Missouri

17. (a) Burial (b) Date thereof Oct. 23, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Grove Burial Home, near Advance, Mo.

18. (a) Signature of funeral director Edward S. Morgan

(b) Address Advance, Mo.

19. (a) 11-6-45 M. R. Thraue
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 21 year 1945 hour 11 minute 408 M.

21. I hereby certify that I attended the deceased from _____, 1945, to Oct 21, 1945 and that I last saw him alive on Sept., 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy 938

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) (c) Means of injury _____

23. Signature E. C. Mastis (M. D. or other) Ed.

Address Advance, Mo. Date signed 10-22-45

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 11-45-3268

Date Filed 11-8-45

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.....

Lloyd S. Morgan....., Registered Apprentice No.....
working under my personal supervision.

Signed *Lloyd S. Morgan*.....

Licensed Embalmer No. 3381

P. O. Address *Advance, 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.