

FILED DEC 21 1945

State File No. 41076

Registration District No. 107

Primary Registration District No. 53924

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Douglas

(b) City or town Rural Boone mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: near ave mo
(If not in hospital or institution, write street number or location)

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

In this community Life time

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas

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

(d) Street No. near ave mo
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country none

3. (a) PRINT FULL NAME HERRETT J. HEATHELY

3. (b) If veteran, name war. ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

DATE OF DEATH: Month Nov day 16
year 1945 hour 7 minute 30 AM

4. Sex: M

5. Color or race W

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

6. (b) Name of husband or wife John M

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased: July 10 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1 1945 to Nov 1 1945
at I last saw her alive on Sept 1 1945
and that death occurred on the date and hour stated above.

8. AGE: Years 68 Months 4 Days 7
If less than one day _____ hr. _____ min.

Immediate cause of death chronic nephritis

Due to arteriosclerosis

9. Birthplace Douglas Co mo
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

Due to _____

10. Usual occupation Housekeeper

Major findings: Of operations _____

Of autopsy 131W

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Jeff. Heatheley

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

14. Maiden name Hellen Kenneth

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

16. (a) Informant Jim Heatheley

(b) Address ave mo

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

(c) Place: burial or cremation Turkey Creek

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? _____

18. (a) Signature of funeral director Rallet James

(b) Address Commerce mo

19. (a) Nov 17 45 (b) Vestal Bushman
(Date received local registrar) (Registrar's signature)

23. Signature R M Notman (M. D. optional)

Address ave mo Date signed Nov 17 45

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

34
0
0

MOTHER FATHER

RECEIVED

District Health Officer No. 6,
District File Number: 1245-1155
Date Filed: 12-17-45

JAN 7 1946

This Body is not Embalmed

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 *Lawrence L Hall*

Licensed Embalmer No. *2784*

P. O. Address *Wainville*

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.