S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41664

Registration District No. 175 Primary Registration District No. 4276 Registrar's No. 121

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Pierce City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55
(c) City or town Pierce City Mo 4
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Martin Anthony Heeter

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex M d 5. Color or race W 6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Lucy Marie Heeter 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased September (Month) 18 (Day) 1891 (Year)

8. AGE: Years 54 Months 3 Days 0 If less than one day ..... hr. ..... min.

9. Birthplace New York (City, town, or county) N. Y. (State or foreign country)

10. Usual occupation Laborer

11. Industry or business .....

FATHER
12. Name Unknown
13. Birthplace ..... (City, town, or county) ..... (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace ..... (City, town, or county) ..... (State or foreign country)

16. (a) Informant William Heeter
(b) Address Pierce City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 21 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Pierce City Cemetary

18. (a) Signature of funeral director William J. Wessell
(b) Address Pierce City Mo

19. (a) Dec 20-45 (Date received local registrar) (b) Ora McNatt (Registrar's signature)

1465

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18
year 45 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from Dec 18, 1945 to ....., 19..., that I last saw him alive on Dec 19, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis — Duration 1 hour

Due to aortic stenosis — 2 yrs

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy 94

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 D. C. A. Brumgarden (M. D. or other) D.O.
Address Pierce City Mo Date signed Dec 19

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 146-10
Date Filed JAN 8 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

Myself, Registered Apprentice, No.

working under my personal supervision.

Signed Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Cassville 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.