

DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 224

Primary Registration District No. 5996

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Moniteau

(b) City or town Rural - 1 mi. N. of California
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: West of R.R.
(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 Moniteau

(c) City or town one mi. N. of California Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ADELIA MARGARET HEINEN

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 22, year 1946 hour 10 minute 50 a.m.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married

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

7. Birth date of deceased March 30 1893
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 2, 1944 to Jan. 22, 1946, that I last saw him alive on Jan 22, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction
Right heart

8. AGE: Years 62 Months 9 Days 22 If less than one day _____ hr. _____ min.

Due to Arteriosclerosis 16 mos

9. Birthplace Cooper Co. Mo. (1)
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings: Of operations _____ Of autopsy _____

11. Industry or business _____

12. Name Henry Miller

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

14. Maiden name Mary Bestgen

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

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 _____

16. (a) Informant William Heinen

(b) Address California Mo.

17. (a) Burial (b) Date thereof 1-24-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cem.

23. Signature J. P. Burke (M. D. or other) _____
Address California Mo. Date signed 1-20-46

18. (a) Signature of funeral director Hugh E. Williams

(b) Address California Mo.

19. (a) 1-24-46 (b) NR Popovoy
(Date received local registrar) (Registrar's signature)

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

1615

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 2-11-40

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 Hugh E. Williams
Licensed Embalmer No. 3537
P. O. Address California 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.