

FILED APR 8 1946

Registration District No. 155

Primary Registration District No. 5579

Registrar's No. 49

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

1. PLACE OF DEATH:
 (a) County Gaspe
 (b) City or town Marion
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Gaspe Co 7 & Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 1/2 years
 (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Gaspe
 (c) City or town Boonville
 (If outside city or town limits, write "RURAL")
 (d) Street No. 713 7th St
 (If rural, give location) 2
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Jane J Hein
 3. (b) If veteran, name war _____ 3. (c) Social Security No. 1

MEDICAL CERTIFICATION:
 20. DATE OF DEATH: Month Feb day 20
 year 1946 hour 6 minute 20a M.

4. Sex m 5. Color or race m 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Aug 14 1874
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 11 to Feb 20, 1946
 that I last saw him alive on Feb 19, 1946
 and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 6 Days 6 If less than one day
 hr. _____ min. _____

Immediate cause of death Pulmonary Tuberculosis
 Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____

9. Birthplace Germany (City, town, or county) (State or foreign country) 4
 10. Usual occupation Farmer

Major findings:
 Of operations _____
 Of autopsy 3K
 Underline the cause to which death should be charged statistically.

11. Industry or business _____
 12. Name Henry Hein
 13. Birthplace Germany (City, town, or county) (State or foreign country) 4
 14. Maiden name Cathleen
 15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Records
 (b) Address _____
 17. (a) Removal (b) Date thereof 2/20/46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Boonville, Mo

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 Stegner
 (b) Address Boonville, Mo
 19. (a) 2-20-46 (b) J. D. Pritchett
 (Date received local registrar) (Registrar's signature)

While at work (Specify type of place) (e) Means of injury _____
 Signature Jane J. Douglas (M. D. or other) _____
 Address Boonville, Mo Date signed 7/2/46

46-3-218

MAY 16 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.....

will be embalmed by me

Registered Apprentice No.

working under my personal supervision.

Signed.....

James W. Segner

Licensed Embalmer No.

3780

P. O. Address.....

Boonville, Va

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.