

No. 2  
1-5-43  
5-17-39  
1 X36671

State File No. \_\_\_\_\_

**FILED** APR 15 1946  
251

Registration District No. \_\_\_\_\_

Primary Registration District No. 3048

Registrar's No. 45

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Maryville

(c) Name of house or institution: 305 West 3rd St

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 26 years

In this community 26 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

(c) City or town Maryville

(d) Street No. 503 West 3rd street

(e) Citizen of foreign country? no

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Emma Louisa Hefflin

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Robert E. Hefflin

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

7. Birth date of deceased Feb. 10, 1865

8. AGE: Years 81 Months 1 Days 1

If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Bedford, Iowa

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

12. Name Wm. McClain Cook

13. Birthplace unknown

14. Maiden name Matilda Overland

15. Birthplace unknown

16. (a) Informant Miss Mayme Hefflin

(b) Address Maryville, Missouri

17. (a) burial (b) Date thereof 3-14-1946

(c) Place: burial or cremation Wilcox cemetery

18. (a) Signature of funeral director Price Funeral Home

(b) Address Maryville Mo

19. (a) 3-15-46 (b) Bess Holt

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11

year 1946 hour 11 minute 30 P.

21. I hereby certify that I attended the deceased from Apr 13-1944

to March 12-1946

that I last saw her alive on March 11 1946

and that death occurred on the date and hour stated above

Immediate cause of death Asphyxiation

From acute cardiac

asthena and

myocarditis

Due to Similarity

Due to Similarity

Other conditions Similarity

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_

(Specify type of place) \_\_\_\_\_

(Specify means of injury) \_\_\_\_\_

23. Signature Chas. P. Beebe (M. D. or other) \_\_\_\_\_

Address Maryville Mo Date signed 3/13/46

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

4  
1  
2

9162

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

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**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.....

Licensed Embalmer No. 2539

P. O. Address Manwell 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.**