DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

13762

State File No.

FILED APR 24 1946

Registration District No. 148

Primary Registration District No. 4281

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Lewis

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis 56

(c) City or town Canton, 1
(If outside city or town limits, write "RURAL")

(d) Street No. 515 College St. 0
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME George Henry Heinze

3. (b) If veteran, name war ----- 3. (c) Social Security No. 490-01-4338

4. Sex Male 0 | 5. Color or race White | 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Phoebe Lutician 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased November (Month) 16 (Day), 1873 (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	5	2	hr. min.

9. Birthplace Palmyra, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Tradesman

11. Industry or business

FATHER
12. Name Jacobe Frederick Heinze 1
13. Birthplace Germany 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Henrietta Laborious
15. Birthplace Palmyra Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. De Heinze
(b) Address Canton, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22/46 (Month) (Day) (Year)
(c) Place: burial or cremation Palmyra Cemetary

18. (a) Signature of funeral director [signature]
(b) Address Canton, Missouri

19. (a) 3-23-46 (Date received local registrar) (b) P. W. Jennings M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18
year 1946 hour 10 minute 20 P.M.

21. I hereby certify that I attended the deceased from Sept 17, 1946, to March 18, 1946
that I last saw him alive on March 18, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congestive Heart Failure	1 hour
Due to Chronic Myocarditis	3 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 930

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 W. B. Dodson (M. D. or other) DO
Address Date signed 3/21/46

161

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 4-46-9
Date Filed APR 22 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 Myse

....., Registered Apprentice No.....

working under my personal supervision.

Signed J. A. Coder Jr.

Licensed Embalmer No. 4328

P. O. Address Canton, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. May

Registration District No. 178 Primary Registration District No. 4281 Registrar's No. 26

1. PLACE OF DEATH:

(a) County Lewis

(b) City or town Canton

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(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

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (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 George H. Heinzl

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov. 16 (Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 3 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 3-23-46 (Date received local registrar) (b) P. M. Jennings M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 18 year 1946 hour minute M.

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

Immediate cause of death — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 (M. D. or other)

Address Date signed

SUPPLEMENTARY

13762