

FILED MAY 27 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

Primary Registration District No. 3000

Registrar's No. 128

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Grim-Smith Hospital & Clinic 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Mrs. I. S. Heinlen

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 Married

6. (b) Name of husband or wife Laurel Heinlen

6. (c) Age of husband or wife if
alive 79 years

7. Birth date of deceased September 22 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 6 28 hr. min.

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

10. Usual occupation housewife

11. Industry or business _____

12. Name Agulita Ballinger

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

14. Maiden name Guendie Dicks

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

16. (a) Informant Mrs. Clara Manning

(b) Address Lancaster, Mo.

17. (a) Burial (b) Date thereof 4-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Myers Cemetery

18. (a) Signature of funeral director Purcell Jackson

(b) Address Lancaster, Mo.

19. (a) 4-23-46 (b) Kate Lambert
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler 8
(c) City or town Queen City,
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 9
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20
year 1946 hour 8:25 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from
April 16 1946 to April 20 1946
that I last saw her alive on April 20, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death - Streptococcus meningitis Duration 7 days

Due to Otitis media right 2 weeks

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 sta-
tistically.

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 _____

23. Signature George E. Inman (M. D. or other) MD
Address Kirksville, Missouri Date signed 4-20-46

SEP 7 1946

RECEIVED

District Health Officer No. 108

District File Number 5-46-1657

Date Filed MAY 2-3-1946

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.....

Russell Fenton....., Registered Apprentice No.....
working under my personal supervision.

Signed *Russell Fenton*.....

Licensed Embalmer No. 3705

P. O. Address *Leicester, Mass*

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.