

FILED JUN 10 1946

Registration District No. 179

Primary Registration District No. 5649

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Rural - Pierce City mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 Lawrence 55
(c) City or town Rural Southwest Pierce City
(If outside city or town limits, write "RURAL") 50
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Germany

3. (a) PRINT FULL NAME JACOB NICHOLAS HEETER

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 W 2

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

7. Birth date of deceased Dec 12 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 4 28 hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Heeter 4

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

14. Maiden name Warren

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

16. (a) Informant Mrs. Beren Schenker

(b) Address Pierce City mo.

17. (a) Burial (b) Date thereof 5 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cemetery

18. (a) Signature of funeral director William Wessell

(b) Address Pierce City Missouri

19. (a) May 20 - 46 (b) Ora Mae Nott
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1946 hour 10 minute 15 M.

21. I hereby certify that I attended the deceased from May 11 - 46
to May 9 - 46
that I last saw her alive on May 9 - 46
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Disease 2 years

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations AS

Of autopsy _____

Duration

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature H.P. Bingham (M. D. or other) D.O.

Address Pierce City Mo. Date signed May 11 - 46

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 646-623

Date Filed JUN 7 1946

SEP 8 1948

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 Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Cassville, 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.