S. No. 2
M—2-43
5-17-39
X35697

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

35532

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 16 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36710

Registration District No. 123 Primary Registration District No. 5458 Registrar's No. 57

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community 4 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 31

(c) City or town Walnut Grove Mo
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Fred M. Heckard.

3. (b) If veteran, name war nil

3. (c) Social Security No. nil

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Emma L. Foster

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

7. Birth date of deceased October (Month) 22 (Day) 1878 (Year)

8. AGE:

Years	Months	Days	If less than one day
68	1	6	hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name James Heckard.
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Not known
15. Birthplace Germany (City, town, or county) — 4 (State or foreign country)

16. (a) Informant Fred Heckard
(b) Address Falls Church, Va.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec-1-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Rosehill Cemetery

18. (a) Signature of funeral director Gene A. Brown
(b) Address Walnut Grove Mo

19. (a) Nov-29-46 (Date received local registrar) (b) Nelson L. Murray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 28 year 1946 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 10 — 1946, to Nov 24 — 1946; that I last saw him alive on Nov 24 — 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	
Due to Arterio-Sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 9 + A	
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 J. J. Barber M.D. (M. D. ~~coroner~~)

Address Walnut Grove Mo Date signed 11/29/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office,
County File Number 46-12-123
Date Filed 12/12/46

DEC 1 8 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.....

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

working under my personal supervision.

Signed Gene A Brown

Licensed Embalmer No. 2664

P. O. Address Walnut Grove, 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.