DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43194
State File No.

Registration District No. 325 Primary Registration District No. 4479 Registrar's No. 65

1. PLACE OF DEATH:
(a) County Schuyler
(b) City or town Queen City
(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 no (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Schuyler
(c) City or town Queen City Mo
(If outside city or town limits, write "RURAL")
(d) Street No. X
(If rural, give location)
(e) Citizen of foreign country? X X (Yes or No)
If yes, name country X X

3. (a) PRINT FULL NAME ISAAC SYLVASTER HEINLEN
3. (b) If veteran, name war None
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced W D
6. (b) Name of husband or wife Dead
6. (c) Age of husband or wife if alive X X X years
7. Birth date of deceased Sept (Month) 19 (Day) 18 66 (Year)
8. AGE: Years 80 Months 3 Days 9 If less than one day X hr. X min.
9. Birthplace unknown (City, town, or county) Ohio (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
MOTHER FATHER
12. Name Emanuel Heinlen
13. Birthplace X X X (City, town, or county) Ohio (State or foreign country)
14. Maiden name McHaley Dale
15. Birthplace X X X (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Clara Manning
(b) Address Queen City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 30 46 (Month) (Day) (Year)
(c) Place: burial or cremation Myers
18. (a) Signature of funeral director Po Fenk
(b) Address Lancaster Mo
19. (a) Dec. 31 - 46 (Date received local registrar) (b) Mrs. O. J. Dicks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 28 year 1946 hour 5 minute P. M.
21. I hereby certify that I attended the deceased from 1943 March, 1943, to Dec. 28, 1946; that I last saw him alive on Dec. 13, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration and coronary sclerosis. — Duration 4 yrs

Due to Chr. general arteriosclerosis and cerebral arterial sclerosis causing dementia similar.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 94A
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 C
23. Signature Ida M. Nelson M.D. (M. D. or other)
Address Lancaster, Mo. Date signed Dec 30 1946

353 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-47-24
Date Filed JAN. 6 1947

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. 3705

P. O. Address.....

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.