S. No. 2
M—8-43
. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1947

Registration District No. 15

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5069

State File No. 92

Registrar's No. 3

1. PLACE OF DEATH:

(a) County: Barton

(b) City or town: Rural- Lamar Township
(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: 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Barton

(c) City or town: Rural
(If outside city or town limits, write "RURAL")

(d) Street No.: RFD #1 Lamar
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: KATHERINE HEIM

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: F /

5. Color or race: W

6. (a) Single, widowed, married, divorced: Married /

6. (b) Name of husband or wife: Frank Heim

6. (c) Age of husband or wife if alive: 68 years

7. Birth date of deceased: May 11 1882 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
64	8	2	hr. min.

9. Birthplace: Galena, (City, town, or county) Illinois / (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

MOTHER FATHER

12. Name: John Hess

13. Birthplace: (City, town, or county) Germany 11 (State or foreign country)

14. Maiden name: Christina Underberg

15. Birthplace: (City, town, or county) Germany 11 (State or foreign country)

16. (a) Informant: Frank Heim /

(b) Address: Lamar, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 16 1947 (Month) (Day) (Year)

(c) Place: burial or cremation: St. Mary's Cemetery

18. (a) Signature of funeral director: KONANTZ FUNERAL HOME

(b) Address: Lamar, Missouri

19. (a) JAN 16 1947 (Date received local registrar) (b) Marie Konantz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan day: 13 year: 1947 hour: 2 minute: 30 P. M.

21. I hereby certify that I attended the deceased from Sept. 8, 1946, to Jan. 13, 1947, that I last saw her alive on Jan. 11, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Stomach	2 yrs
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: 0

23. Signature: Fern T. Bichel (M. D. or other) M.D.

Address: Lamar, Mo. Date signed: Jan. 16-47

14

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 247-181
Date Filed FEB 3 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 Earl F. Konantz

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.