No. 2
2-43
17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 19 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5519

State File No.

Registration District No. 224 Primary Registration District No. 5796 Registrar's No. 13

1. PLACE OF DEATH:
(a) County Moniteau Co
(b) City or town Rural Walker
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jamestown, Mo. Rt # 2 /
(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 Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau 68
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Jamestown, Mo, Rt # 2 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Phoebe May Heyssel
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female /
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 28 (Day) 1889 (Year)

8. AGE: Years 57 Months 7 Days 11 If less than one day hr. min.

9. Birthplace (City, town, or county) Iowa / (State or foreign country)
10. Usual occupation House Wife
11. Industry or business
FATHER
12. Name Andrew Anderson
13. Birthplace (City, town, or county) Sweden (State or foreign country)
MOTHER
14. Maiden name Rackel Mullins
15. Birthplace (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant John Barnes
(b) Address Jamestown, Mo. Rt # 2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 10. 1947 (Month) (Day) (Year)
(c) Place: burial or cremation City Cemt, California, Mo.
18. (a) Signature of funeral director Bowlin Funeral Home
(b) Address California, Mo.
19. (a) 2-12-47 (Date received local registrar) (b) H. R. Popejoy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8 year 1947 hour 9/15 minute A.M.
21. I hereby certify that I attended the deceased from 1-30, 1947 to 2-8, 1947 that I last saw him alive on 2-7, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	2 Wks
Due to Influenza	Mo
Due to Nephritis	?
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

23. Signature R. L. Meredith (M. D. or other)
Address Prairie Home Mo Date signed 2/14/47

202 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 2-16-47

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 Mon

, Registered Apprentice No.

working under my personal supervision.

Signed Earl R. Bowlin

Licensed Embalmer No. 2126

P. O. Address California, 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.