

Registration District No. **4**

Primary Registration District No. **5034**

Registrar's No. **18**

1. PLACE OF DEATH:

(a) County **Audrain.**
(b) City or town **(Rural) Prarie Township.**
(If outside city or town limits, write "RURAL" and name of Township)
(c) Name of hospital or institution:
Laddonia, Missouri R.F.D.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **46 Yrs.**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Audrain.** **4**
(c) City or town **(Rural) Laddonia, Mo R.F.D.** **0**
(If outside city or town limits, write "RURAL")
(d) Street No. **Prarie Township.** **0**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Zellah V. Heizer.**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **None.**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Robert Lee Heizer.** 6. (c) Age of husband or wife if alive **58** years
7. Birth date of deceased **March, 21, 1891**
(Month) (Day) (Year)

8. AGE: Years **56** Months **1** Days **19** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Housewife.**

11. Industry or business **Home**

MOTHER FATHER

12. Name **George Crump**
13. Birthplace **Unknown, Missouri.**
(City, town, or county) (State or foreign country)
14. Maiden name **Zellah Yager.**
15. Birthplace **Unknown, Missouri.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Robert V Heizer**
(b) Address **Laddonia, Missouri.**

17. (a) **Burial** (b) Date thereof **5-12-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Laddonia, Missouri.**

18. (c) Signature of funeral director **Clyde Wilkey**

(b) Address **Laddonia, Missouri.**

19. (a) **May 16 47** (b) **Martin K. Keenan**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May,** day **10th,**
year **1947** hour **1:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **Jan 10 -** 19**47**, to **May 10** 19**47**;

that I last saw ~~her~~ alive on **May 10,** 19**47**;

and that death occurred on the date and hour stated above.

Immediate cause of death **Multiple Sclerosis** Duration **6-months**

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?

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

23. Signature **W.K. McCall** (M. D. or other) **0**
Address **Laddonia, Mo.** Date signed **5/19/47**

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

SEP 19 1947

RECEIVED
District Health Officer No. 10
District File Number 47-285
Date Filed MAY-20-1947

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.....

John F. Ellis....., Registered Apprentice No. *494*
working under my personal supervision.

Signed..... *Olyde Wiley*.....

Licensed Embalmer No. *3820*

P. O. Address *Perry, 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.