S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 13 1947

Registration District No. 324

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 19822

Primary Registration District No. 6082

Registrar's No. 172

**1. PLACE OF DEATH:**

(a) County: Saline, Arrow Rock, Twp.

(b) City or town: Napton Mo Rural
(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: All her life

**2. USUAL RESIDENCE OF DECEASED:**

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

(c) City or town: Napton Rural
(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: Zeleka Smith Heckman

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: Widow

6. (b) Name of husband or wife: William Francis Heckman

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

7. Birth date of deceased: May (Month) 14th (Day), 1875 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 72 | 0 | 1 | ..... hr. ..... min. |

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

10. Usual occupation: House keeper

11. Industry or business: ✓

FATHER
12. Name: John Boyd Davis
13. Birthplace: ..... (City, town, or county) ..... (State or foreign country)

MOTHER
14. Maiden name: Sallie Smith
15. Birthplace: ..... (City, town, or county) ..... (State or foreign country)

16. (a) Informant: Mrs C Heckman
(b) Address: Napton Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 17, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Sunset Memorial Gardens.

18. (a) Signature of funeral director: Campbell Funeral
(b) Address: Marshall, Mo.

19. (a) May 20-1947 (Date received local registrar) (b) Sidney T Gray (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 15 year 1947 hour 4 minute 20 P M.

21. I hereby certify that I attended the deceased from 4-20- 1947 to May 15 1947 that I last saw him alive on May 15 1947 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Carcinoma of liver | 6 mo |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations: X
Of autopsy: X

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(c) 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: H E Putman (M. D. ~~or other~~)
Address: Marshall Mo Date signed 5-16-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number .....
Date Filed 6-12-47

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**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 R. W. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall, 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.**