

FILED JUN 23 1947

Registration District No. _____

Primary Registration District No. 3005

Registrar's No. 49

1. PLACE OF DEATH:
 (a) County Bates
 (b) City or town Butler
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Butler Memorial Hospital 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 Hours
 (Specify whether
 In this community 6 Hours
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Bates 7
 (c) City or town Adrian (Parents Home) 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Reta Mae HECKADON
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 2
 year 1947 hour 2:00 minute P M.

4. Sex F 5. Color or race W
 6. (a) Single, widowed, married, divorced S
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from June 2, 1947 to June 2, 1947
 that I last saw him alive on _____, 19____
 and that death occurred on the date and hour stated above.

7. Birth date of deceased June 2 1947
 (Month) (Day) (Year)

Immediate cause of death
Prematurity

8. AGE: Years Months Days If less than one day
0 0 0 6 hr. 0 min.

Due to 6 months
 Due to due pregnancy

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

Other conditions (Include pregnancy within 3 months of death)
Acute Pyelitis

10. Usual occupation none

Major findings: Of operations mother 150
 Of autopsy _____

MOTHER FATHER { 11. Industry or business _____
 { 12. Name Walter L. Heckadon
 { 13. Birthplace Missouri
 { 14. Maiden name Doris M. Williams
 { 15. Birthplace Kansas
 (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

16. (a) Informant Walter L. Heckadon
 (b) Address Adrian, Missouri
 17. (a) Burial (b) Date thereof 6-3-47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(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?
 Co. _____

(c) Place: burial or cremation Virginia Cem. Bates
 18. (a) Signature of funeral director Culver-Underwood
 (b) Address Butler, Missouri

While at work? _____ (Specify type of place) (c) Means of injury _____
 23. Signature Casper W. Luter (M. D. or other) MD
 Address Butler, Mo. Date signed 6/3/47

19. (a) 6-3-47 (b) Juddall Keryn
 (Date received local registrar) (Registrar's signature)

RECEIVED
District Health Officer No. 7,
District No. 258
District No. 258
Date Filled 6-26-47

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.....

Bennett H. Root, Registered Apprentice No. 471
working under my personal supervision.

Signed John G. Anderson

Licensed Embalmer No. 3585

P. O. Address Butler, 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.