

7. S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

23770

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED AUG 14 1947

Registration District No. 84

Primary Registration District No. 5316

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Clear Creek 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)

In this community 17 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper

(c) City or town Pilot Grove, 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 ELIZABETH LAHMAN-HEINS

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14  
year 1947 hour 10 minute 47 A.M.

21. I hereby certify that I attended the deceased from 2 Day 47 1947 to 14 July 47 1947;  
that I last saw her alive on 11 July 47 1947;  
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife Mr. L. E. Heins

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased August 13, 1877  
(Month) (Day) (Year)

Immediate cause of death ischaemia Duration 7 days

Due to carcinomatosis (primary site undetermined) 4 Mo.

Due to \_\_\_\_\_

Other conditions pathological fracture right humerus 2 Mo.  
(Include pregnancy within 3 months of death)

8. AGE: Years 69 Months 11 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business same

12. Name George H. Lehman

13. Birthplace unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Sutter

15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Helen J. Heins

(b) Address Pilot Grove, Mo.

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

(c) Place: burial or cremation Carrollton, Mo.

18. (a) Signature of funeral director Hays Painter

(b) Address Pilot Grove, Mo.

19. (a) 7-16-47 (b) Willie Mullett  
(Date received local registrar) (Registrar's signature)

Major findings:  
Of operations none

Of autopsy none

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 Arlec. van Ravenswaay (M. D. or other) MD  
Address 529 Main St. Boonville Mo Date signed 10/28/47

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

27  
00

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

8-13-47

AUG 3 1948

EMERALD AMMAN-HEIN

MAY 29 1948

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, by

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Rayton E Mayo

Licensed Embalmer No. 3074

P. O. Address Pilot Grove 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.