

S. No. 2
M-5-43
y. 5-17-39
I X36671

FILED JUL 30 1947
Registration District No. 128

Primary Registration District No. 5467

State File No. _____
Registrar's No. 611

1. PLACE OF DEATH: **GREENE**

(a) County **Greene**

(b) City or town **Rural 1st. Robberson Imp**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Willard R.F.D. # 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 **Years**

3. (a) PRINT FULL NAME **Ida G. Heckler**

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 **Widow**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **January 21, 1873**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	5	20	hr. min.

9. Birthplace **Cedar Co., Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **House-wife**

11. Industry or business **At home**

12. Name **David Fortney**

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

14. Maiden name **Unknown**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **A. E. Reves**

(b) Address **Willard R.F.D. # 2**

17. (a) **Burial** (b) Date thereof **7/14/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenlawn**

18. (a) Signature of funeral director **Klingner Funeral**

(b) Address **Springfield, Mo**

19. (a) **7-14-47** (b) **WZ Handley wd**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene** **39**

(c) City or town **Rural** **0**
(If outside city or town limits, write "RURAL")

(d) Street No. **Willard R.F.D. # 2** **0**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No) **0**
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11th.** day **July**
year **1947** hour **10** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **Nov 10** 19**46** to **July 10** 19**47**
that I last saw her alive on **July 10** 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Bladder 1 year**

Duration _____

Due to _____

Due to _____

Other conditions **5213**
(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 **Walter Handley wd** (M. D. or other) **0**
Address **Willard R.F.D. # 2** Date signed **7/13/47**

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

MOTHER, FATHER

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.....

May Rhodes

Licensed Embalmer No.....

4071

P. O. Address.....

Springfield

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.