

FILED SEP 2 1947
75

Primary Registration District No. **3015**

Registrar's No. **60**

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

1. PLACE OF DEATH:

(a) County Clinton
(b) City or town Cameron
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clinton
(c) City or town Cameron
(If outside city or town limits, write "RURAL")
(d) Street No. 214 W. Prairie
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Zellette Heflin
3. (c) Social Security No. _____
8. (b) If veteran, name war _____

20. DATE OF DEATH: Month August day 17
year 1947 hour 5 minute 55 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife C. E. Heflin 6. (c) Age of husband or wife if alive 4 years
7. Birth date of deceased August 7 1886
(Month) (Day) (Year)

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Disease of the Coronary arteries (coronary occlusion) Duration unknown

8. AGE: Years 81 Months 10 Days _____ If less than one day _____ hr. _____ min.

Due to _____
Due to _____

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

Other conditions (include pregnancy within 3 months of death) _____

10. Usual occupation housewife

Major findings: Of operations _____ Of autopsy _____

11. Industry or business _____

12. Name Thomas P. Jones

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

14. Maiden name Nancy Parker

15. Birthplace Caldwell Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Chas & Jones

(b) Address Cameron

17. (a) Burial (b) Date thereof Aug 19, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evergreen Cem. Cameron

18. (a) Signature of funeral director Dr. Fred W. Moser

(b) Address Cameron, Mo.

19. (a) Aug 15, 1947 (b) Win. Fred W. Moser
(Date received local registrar) (Registrar's signature)

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 A. D. Templeman (M.D. or other) coroner

Address Cameron, Mo. Date signed 8/17/47

FEB 20 1946

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed

L. O. Richardson

Licensed Embalmer No.

3307

P. O. Address

Gallatin, 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, above space should be left blank.