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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28481

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 195

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Maryville, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Francis Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 hours (Specify whether
In this community 12 Hours years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74

(c) City or town Maryville 1
(If outside city or town limits, write "RURAL")

(d) Street No. St. Francis Hospital 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country None

3. (a) PRINT FULL NAME NORBERT ANTHONY HEFLIN

3. (b) If veteran, name war * * * * * * * * * 3. (c) Social Security No. * * * * * *

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

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

7. Birth date of deceased August (Month) 7, (Day) 1947 (Year)

8. AGE: Years | Months | Days | If less than one day 12 hr. min.

9. Birthplace Maryville (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Francis Heflin
13. Birthplace Ravenwood (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Mary Rose Rogers
15. Birthplace Maryville (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Francis Heflin
(b) Address Conception Jct., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-8-47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Patrick Cemetery

18. (a) Signature of funeral director Price Funeral Home
(b) Address 120 East 1st, Maryville, Mo.

19. (a) 8-15-47 (Date received local registrar) (b) Bess Holt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7th year 1947 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug 7, 1947, to Aug 7, 1947, that I last saw him alive on Aug 7, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Respiratory failure	
Due to Prematurity	12 hrs
Due to	
Other conditions (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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature H. C. Bauman (M. D. or other) M.D.

Address 1210 Main Maryville Date signed 8/8/47

(Licensed Embalmer's Statement on Reverse Side)

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 not embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Clem M. Price

Licensed Embalmer No. 1822

P. O. Address Maryville, 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.