

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  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 12 Hours  
(Specify whether years, months or days)  
 In this community 12 Hours  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME ROBERT FRANCIS HEFLIN  
 3. (b) If veteran, name war \*\*\*\*\*  
 3. (c) Social Security No. \*\*\*\*\*

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife \*\*\*\*\* 6. (c) Age of husband or wife if alive \*\*\*\*\* years  
 7. Birth date of deceased August 7, 1947  
(Month) (Day) (Year)

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

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

10. Usual occupation None

11. Industry or business None

12. Name Francis Heflin

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

14. Maiden name Mary Rose Rogers

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

16. (a) Informant Francis Heflin

(b) Address Conception Jct., Mo.

17. (a) Burial (b) Date thereof 8-8-47  
(Burial, cremation, or removal) (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 (b) Bess Holt  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway  
 (c) City or town Maryville  
(If outside city or town limits, write "RURAL")  
 (d) Street No. St. Francis Hospital  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country None

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 to Aug 17, 1947  
 that I last saw him alive on Aug 7, 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure

Due to pneumonia

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

Other conditions 159  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 J. E. Burman M. D. or other \_\_\_\_\_

Address 131/2 N. Main Maryville Date signed 8/14/47

Duration

12 hrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

24  
1  
2

**DISTRICT HEALTH OFFICE**  
**Cameron, Mo.**  
1917

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> 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.**