

S. No. 2
OM-5-43
v. 5-17-39
I X36671

28558

FILED SEP 12 1947
Registration District No. 234

Primary Registration District No. 3052

State File No. _____
Registrar's No. 284

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

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bothwell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1109 W. 7th
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lola C. Heynen
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 15th
year 1947. hour 3:30 minute _____ P.M.
21. I hereby certify that I attended the deceased from For the past 25
years for various ailments.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Chas. H. Heynen
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 9 1861
(Month) (Day) (Year)

that I last saw her alive on August 15, 1947
and that death occurred on the date and hour stated above.

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------|
| | <u>86</u> | <u>2</u> | <u>4</u> | _____ hr. _____ min. |

Immediate cause of death Inanition due to pyo-nephrosis, manifested by haematuria, pus-albumen etc.
Due to Pyogenic infection, genito urinary.
XXXX

9. Birthplace Georgetown Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

Due to Patient had arterio-sclerosis, hypertension, deforming arthritis, Senile changes.
Other conditions As above.
(Include pregnancy within 3 months of death)

11. Industry or business _____
12. Name William T. Cahill
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Bettie A. Riffe
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

Major findings: No operation.
Of operations XXX
Of autopsy No autopsy.
XXX

16. (a) Informant Clyde Heynen
(b) Address 1109 W. 7th Sedalia Mo.
17. (a) Burial (b) Date thereof 8-18-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill
18. (a) Signature of funeral director McLaughlin Bros
(b) Address Sedalia Mo
19. (a) 8-18-47 (b) Betty Yeagen
(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) None.
(b) Date of occurrence No accident.
(c) Where did injury occur? No injury.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
XXXX
While at work? XXXX (Specify type of place) (e) Means of injury XXXX
23. Signature E. B. Traylor (M. D. or N. D.)
Address 112 West 4th Street Date signed 8-18-47

District File Number

Date Filed

9-11-49

MAR 12 1950

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 K.P. McCrary
Licensed Embalmer No. 3153
P. O. Address Sedalia 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.