

FILED DEC 15 1947

Registration District No. **2**

Primary Registration District No. **2016**

Registrar's No. **213**

1. PLACE OF DEATH:

(a) County **Andrew**
(b) City or town **Rural Monroe Township**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R. #1 Cosby, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **not**
(Specify whether
In this community **Lifetime**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Andrew**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **R. #1 Cosby, Mo.**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country **D**

200

3. (a) PRINT FULL NAME **Dena Heinz**
3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Louis Heinz** 6. (c) Age of husband or wife if alive **17** years
7. Birth date of deceased **November 17 1879**
(Month) (Day) (Year)

8. AGE: Years **68** Months **0** Days **13** If less than one day
hr. min

9. Birthplace **Andrew County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business

12. Name **Jacob Moschberger**

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

14. Maiden name **Anna Schneider**

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

16. (a) Informant **E.E. Moschberger**

(b) Address **R. #1 Cosby, Mo.**

17. (a) **Burial** (b) Date thereof **Dec. 3, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Ridge Cemetery**

18. (a) Signature of funeral director **Walter Meierhoff**

(b) Address **1046 Colhoun St., St. Joseph, Mo.**

19. (a) **12-4-47** (b) **L. L. Spark**
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month **November** day **30th**
year **1947** hour **11** minute **00 A.M.**

21. I hereby certify that I attended the deceased from **Oct 1945**
19 **11-30-47** to **11-30-47** 19 **11-30-47**
that I last saw **her** alive on **11-30-47** 19 **11-30-47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Syphilis**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **30th**
year **1947** hour **11** minute **00 A.M.**

21. I hereby certify that I attended the deceased from **Oct 1945**
19 **11-30-47** to **11-30-47** 19 **11-30-47**
that I last saw **her** alive on **11-30-47** 19 **11-30-47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Syphilis**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations **30**
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?

(Specify type of place)

While at work? (e) Means of injury **2**

23. Signature **Clifford L. Steadley** or other **SD**

Address **801 1/2 Aroncio** Date signed **12-1-47**

Duration

?

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

**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.....
..... Registered Apprentice No.....
working under my personal supervision.

Signed.....

Albert R. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, 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.