FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 5 1947
Registration District No. 209

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38905
Primary Registration District No. 3043
Registrar's No. 400

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

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Levering Hospital
(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 Missouri (b) County Marion 64
(c) City or town Hannibal 13
(If outside city or town limits, write "RURAL")
(d) Street No. 605 N. 4th St. 4
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country --

3. (a) PRINT FULL NAME ELIZABETH HEATHMAN
3. (b) If veteran, name war --
3. (c) Social Security No. -
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife David Heathman
6. (c) Age of husband or wife if alive - years
7. Birth date of deceased April (Month) 16 (Day) 1881 (Year)

8. AGE: Years 66 Months 7 Days 5 If less than one day ..... hr. ..... min.
9. Birthplace Stoutsville (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation housewife
11. Industry or business -
FATHER
12. Name John Woodson 0
13. Birthplace Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sarah - 0
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Anna Glover
(b) Address 605 N. 4th, Hannibal, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/24/47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery
18. (a) Signature of funeral director Roy A. Schwartz
(b) Address 1000 Broadway, Hannibal, Mo.
19. (a) 11-28-47 (Date received local registrar) (b) DVK M Luske (Registrar's signature) 189

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 21 year 1947 hour 9 minute 15 p. M.
21. I hereby certify that I attended the deceased from 2 May, 1947, to 21 Nov, 1947; that I last saw her alive on 21 Nov, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic heart disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 93B	

PHYSICIAN
Underline the cause of 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 Henry J. Adler (M. D. ~~[illegible]~~)
Address 113 a S. Main Hannibal Mo Date signed Nov 26/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Paul Richard Brown

Licensed Embalmer No. 4324

P. O. Address Hannibal, 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.