No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1705

FILED FEB 16 1948

Registration District No. 17 Primary Registration District No. 3048 Registrar's No. 13

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

59 / 1 / 2

1. PLACE OF DEATH:

(a) County: Livingston

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

(c) Name of hospital or institution: Leeper Hotel Barber Shop 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 47 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Livingston 59

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

(d) Street No. 1128 Calhoun Street 2
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME: John Fredric Heger

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: Widowed 2

6. (b) Name of husband or wife: Elizabeth Schneider Heger

6. (c) Age of husband or wife if alive: (D) years

7. Birth date of deceased: December (Month) 20 (Day) 1864 (Year)

8. AGE:	Years	Months	Days	If less than one day
	83	1	4	....hr. ....min.

9. Birthplace: Locle-Canton Neuchatel, Switzerland
(City, town, or county) (State or foreign country) 3

10. Usual occupation: Cafe & Bakery Proprietor

11. Industry or business .....

MOTHER / FATHER

12. Name: Unknown Heger

13. Birthplace: Switzerland 5
(City, town, or county) (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: Unknown 4
(City, town, or county) (State or foreign country)

16. (a) Informant: Miss Anna Heger

(b) Address: 1128 Calhoun; Chillicothe, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-26-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Edgewood Cemetery

18. (a) Signature of funeral director: Norman Funeral Home

(b) Address: Chillicothe, Missouri

19. (a) Jan. 26-48 (Date received local registrar) (b) Frances B. Neill (Registrar's signature) 171

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24 year 1948 hour 11 minute 15 A.M.

21. I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ after death ....., 19....., to ..... 19.....;

that I last saw h..... alive on ..... 19.....;

and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to: High Blood Pressure	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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) 3

While at work? ..... (e) Means of injury .....

23. Signature: Lee Meek Livingston County Coroner (M.D. or other)

Address: Chillicothe Mo. Date signed Jan 26, 1948

Jefferson City Printing Co. (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 embalmed by me, or by _____ Registered Apprentice No. _____, working under my personal supervision.

Signed Elton Norman.

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missouri.

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.