

FILED MAR 5 1948

Registration District No. 188

Primary Registration District No. 5392

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Deer
(b) City or town Amutt
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bellflower's Store
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Life years, months or days

3. (a) PRINT FULL NAME JEREMIAH F. HEADRICK

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife May 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased April 21 1877
(Month) (Day) (Year)

8. AGE: Years 75 Months 9 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Amutt Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Silas Headrick

13. Birthplace N.C.
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Plank

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

16. (a) Informant Herman Headrick

(b) Address St. Louis, Mo.

17. (a) Burial (b) Date thereof 2-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Amutt Cemetery

18. (a) Signature of funeral director Paul E. Mull

(b) Address Rolla, Mo.

19. (a) 2-18-48 (b) M. N. Hart, M.D. by leg
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Deer 33
(c) City or town Amutt - Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 3 miles south }
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 11
year 1948 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from on that
A.M. only, 19 Feb 11 to _____ 19 _____
that I last saw him alive on Feb 11 - 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Artery Disease
Duration _____

Due to Arteriosclerosis

Due to Senility

Other conditions _____
(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 2

23. Signature Joseph R. Bennett (M.D. or other) D.O.

Address Rolla, Mo. Date signed 2-14-48

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

DEPT.

Sheet No. 5

District File Number

348-137

Date Filed

3-4-48

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 E. Null

Licensed Embalmer No.....

4498

P. O. Address.....

Rolla

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.