

S. No. 2
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v. 5-17
I

FILED MAR 25 1948

Registration District No. **140**

Primary Registration District No. **3024**

Registrar's No. **12**

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

1. PLACE OF DEATH:

(a) County **Howard**

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

(c) Name of hospital or institution: **Lee Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 days** (Specify whether)

In this community **life** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Howard** **40**

(c) City or town **Fayette** (If outside city or town limits, write "RURAL")

(d) Street No. **Franklin Township** (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **MISS SUSANNA HEYNDON**

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 **Single**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **Mar. 30 1879**
(Month) (Day) (Year)

8. AGE: Years **68** Months **3** Days **1** If less than one day hr. min.

9. Birthplace **Howard Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business _____

12. Name **Gideon Heyndon**

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

14. Maiden name **Mary E. Stewart**

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

16. (a) Informant **Morrisworth**

(b) Address **Fayette Mo.**

17. (a) **Burial** (b) Date thereof **3/20/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **mt. Pleasant**

18. (a) Signature of funeral director **C. S. Kussner**

(b) Address **New Franklin Mo**

19. (a) **3/20/48** (b) **Dorothy Fern Bohm**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** day **1** year **1948** hour **1** minute **40 a** M.

21. I hereby certify that I attended the deceased from **Sept. 1947** to **Mar. 1 1948**

that I last saw him alive on **Mar. 1 1948** and that death occurred on the date and hour stated above.

Immediate cause of death: **Acute Coronary Occlusion** **3 days**

Due to _____

Due to

Other conditions: _____
(Includes pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy **94A**

PHYSICIAN _____

Underline the cause to 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? _____

While at work? (Specify type of place)

(e) Means of injury _____

23. Signature **Wm J Shaw** (M. D. or other) **M.D.**

Address **Fayette Mo.** Date signed **3/20/48**

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 3-24-48

NOV 14 1950

NOV 30 1955

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.....

H. G. Hall

Licensed Embalmer No. 3515

P. O. Address New Franklin, 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.