S. No. 2
1—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 21 1948

Registration District No. 998

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12101

Primary Registration District No. 4188

Registrar's No. 88

1. PLACE OF DEATH:
(a) County Gasconade
(b) City or town Owensville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Owensville (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community 6 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Gasconade
(c) City or town Owensville (If outside city or town limits, write "RURAL")
(d) Street No. ____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Katie Sophia Heyer
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 John Heyer, Sr.
6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased March (Month) 29 (Day) 1872 (Year)

8. AGE: Years 75 Months 11 Days 15 If less than one day ____ hr. ____ min.

9. Birthplace Bland (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business ____
FATHER
12. Name Fred Fisher
13. Birthplace * (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Annie Horstmann
15. Birthplace Bland, (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Albert Heyer
(b) Address Owensville, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation Heyer Cem. Bland, Mo
18. (a) Signature of funeral director Milford H. Winston
(b) Address Owensville, Mo.
19. (a) 3-22-48 (Date received local registrar) (b) Dorothy Zeckman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14 year 1948 hour 7 minute 50 p.m.
21. I hereby certify that I attended the deceased from 9-19-47, 19__, to 3-14-48, 19__; that I last saw her alive on 3-14, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardio-vascular-renal syndrome with terminal decompensation	6 mos.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Advanced Arteriosclerosis	6 mos.

Major findings:
Of operations None
Of autopsy None

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 Paul A. Bonner (M. D. or other)
Address Owensville, Mo. Date signed 3-16-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number APR 23 1948
Date Filed

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 HARVEY KAHLE, Registered Apprentice No. 9, working under my personal supervision.

Signed Milford H. H. Winter

Licensed Embalmer No. 3838

P. O. Address Queensville 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.