S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 16 1948

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 113481

Registration District No. 248

Primary Registration District No. 4369

Registrar's No.

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

3
4
0

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton 73
(c) City or town Seneca 4
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Nora Heumann
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
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 20 (Day) 1862 (Year)

8. AGE: Years 86 Months 2 Days 18 If less than one day hr. min.

9. Birthplace Fort Scott (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name D.K. 9
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name D.K. 9
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. B. Enlow
(b) Address Seneca, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-48 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cemetery
18. (a) Signature of funeral director Thorn Hill-Dillon Mortuary
(b) Address Joplin, Missouri
19. (a) 4-10-48 (Date received local registrar) (b) Nettie Norris (Registrar's signature) 221

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
year 1948 hour 6:25 minute A.M.

21. I hereby certify that I attended the deceased from Apr-1- 1948 to Apr-8- 1948; that I last saw her alive on Apr-7- 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Gastric Carcinoma

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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) 0
While at work? (e) Means of injury

23. Signature T. B. Duemler (M. D. or other)
Address Seneca Mo Date signed 4-10-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Newton
District Health Officer No. 448-288
District File Number 4-13-48
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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Erling M. Dunn

Licensed Embalmer No. 356C

P. O. Address Joplin 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.**