

FILED JUL 29 1948

Registration District No. 2

Primary Registration District No. 3017

Registrar's No. 96

1. PLACE OF DEATH:

(a) County **Cooper**  
(b) City or town **Boonville**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**At home, 912 Fourth St.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community **Most of life.**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cooper** 27  
(c) City or town **Boonville** 3  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. **912 Fourth St.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Mrs. Della Heisler.**

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. **Married**  
6. (b) Name of husband or wife. **Leo Heisler** 6. (c) Age of husband or wife if alive. **48** years  
7. Birth date of deceased. **May 25 1901**  
(Month) (Day) (Year)

8. AGE: Years - Months - Days If less than one day  
**47 1 20** hr. min.

9. Birthplace **Vernon County, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife.**

11. Industry or business **At home**

12. Name **William Estes.**

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

14. Maiden name **Addie Johns**

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

16. (a) Informant **Leo Heisler.**

(b) Address **Boonville, Mo.**

17. (a) **Burial** (b) Date thereof **July 17<sup>th</sup> 1948**  
(Burial, cremation, or removal) (Month, Day, Year)  
**Walnut Grove Church Cem.**

(c) Place: burial or cremation **Cooper County, Mo.**

18. (a) Signature of funeral director **Goodman & Boller.**

(b) Address **Boonville, Mo.**

19. (a) **7-17-48** (b) **D. Cooper**  
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **15**  
year **1948** hour **5** minute **a.** M.

21. I hereby certify that I attended the deceased from **July 15**, 19**48**,  
that I last saw him alive on **July 14**, 19**48**,  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma small intestine**

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings: **None**  
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.....

Where did injury occur?.....  
(City or town) (County) (State)

(c) Did injury occur in or about home, on farm, in industrial place, in public place?.....  
(Specify type of place)

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

23. Signature **M. H. DeWagner** (M. D. or other) **M. D.**

Address **Boonville Mo** Date signed **7/17/48**

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 7-28-48

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 \_\_\_\_\_

William W. Wood \_\_\_\_\_, Registered Apprentice No. 480  
working under my personal supervision.

Signed J. H. Goodman \_\_\_\_\_

Licensed Embalmer No. 1178

P. O. Address Boonville, 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.