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MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

35665

FILED DEC 13 1948

State File No.

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1300

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph

(c) Name of hospital or institution: Duncan Nursing Home
723 South 11th St. Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 mos - 23 days
(Specify whether)

In this community 41 years
years, months or days

3: (a) PRINT FULL NAME Mary Heiner

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced widow 2

6. (b) Name of husband or wife Not stated

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

7. Birth date of deceased March 16 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

81 8 15 hr. min.

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

10. Usual occupation housewife

11. Industry or business home

12. Name ? Masoner

13. Birthplace unknown Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Tenn

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

16. (a) Informant Jesse Heiner

(b) Address 531 Kentucky St, St. Joe, Mo.

17. (a) Burial (b) Date thereof 12-3-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Barry Funeral Home

(b) Address St. Joseph, Mo.

19. (a) 12-8-48 (b) E. C. Jenkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 531 Kentucky St 7
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1
year 1948 hour 8 minute 50 A M.

21. I hereby certify that I attended the deceased from Nov-27
1948 to Nov-29 1948
that I last saw him alive on Nov-29 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
General Thrombosis 5A
arteriosclerosis 15 2/21

Due to arteriosclerosis 15 2/21

Due to

Other conditions (include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations 940

Of autopsy

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)

(c) Means of injury

23. Signature of Charles W. Werner M. D. or other
281 Kirkpatrick Bldg. Date signed 12-23-1948
St. Joseph, Mo.

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

MOTHER FATHER

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 Victor Barry

Licensed Embalmer No. 4212

P. O. Address St Joseph 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.