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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 16 1948

Registration District No. 33

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36254

Primary Registration District No. 3022

Registrar's No. 83

1. PLACE OF DEATH:
(a) County: Harrison
(b) City or town: Bethany
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bethany Hospital and Clinic
(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: 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Harrison 41
(c) City or town: Bethany 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: no

3. (a) PRINT FULL NAME: Gertrude Heller
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: single 0
6. (b) Name of husband or wife: none
6. (c) Age of husband or wife if alive: ..... years
7. Birth date of deceased: April (Month) 24, (Day) 1880 (Year)

8. AGE: Years 68 | Months 6 | Days 5 | If less than one day ..... hr. ..... min.

9. Birthplace: Palmyra, (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: Teacher
11. Industry or business: xxx

MOTHER FATHER
12. Name: Charles Heller 9
13. Birthplace: do not know (City, town, or county) ..... (State or foreign country)
14. Maiden name: Emma Freidrich
15. Birthplace: Lancaster, Mo. 0 (City, town, or county) ..... (State or foreign country)

16. (a) Informant: Mary Wightman
(b) Address: Bethany, Mo.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof: 10-31-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Palmyra, Mo.
18. (a) Signature of funeral director: [illegible]
(b) Address: Bethany, Mo.
19. (a) Oct. 30-1948 (Date received local registrar) (b) Zola Burris (Registrar's signature) 116

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 29 year 1948 hour One minute 45 P. M.

21. I hereby certify that I attended the deceased from Jan, 1946 to 10-29, 1948 that I last saw her alive on 10-29, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia - Hypostatic	4 days.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Parkinson's Syndrome	10 yrs.
Major findings: 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
(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)
While at work? (e) Means of injury 0

23. Signature: W. F. Broyles (M. D.)
Address: Bethany Mo. Date signed 10-31-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

FEB 17 1949

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 M B Haas
M. B. Haas
Licensed Embalmer No. 3899

P. O. Address Bethany, 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.