

Registration District No. 111

Primary Registration District No. 4183

Registrar's No. 110

1. PLACE OF DEATH:

(a) County Franklin  
(b) City or town Pacific  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Franklin  
(c) City or town Pacific  
(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

FRANCIS HEIMAN

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex female 5. Color or race white  
6. (a) Name of husband or wife Ernst Heiman 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March, 25, 1870  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Oct day 21  
year 1948 hour 10 minute 15 P. M.

21. - I hereby certify that I attended the deceased from JULY, 1948 to OCT 21, 1948;  
that I last saw h er alive on OCT 21, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death PERICARDIUM Duration 5 da  
EDEMA

8. AGE: Years 78 Months 6 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to CARCINOMATOSIS ONG YK

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

Due to \_\_\_\_\_

10. Usual occupation at home

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name Benj. Nevelhusch  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Katharine Miller  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)  
16. (a) Informant Lillian Nevelhusch  
(b) Address Pacific, Mo.  
17. (a) Burial (b) Date thereof 10-24-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Pacific Mo.  
18. (a) Signature of funeral director Mo. Stieber  
(b) Address Pacific Mo.  
19. (a) 10/22/48 (b) Mary B. Cross  
(Date received local registrar) (Registrar's signature)

Major findings: Inoperable CA. 1  
Of operations return  
Of autopsy H&P

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 0  
23. Signature F. O. Stieber (M. D. or other) MD  
Address Pacific Date signed 10/21/48

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

6  
02

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

*Jno. L. Wheeler*

Licensed Embalmer No. *3008*

P. O. Address *Pacific, 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.**