

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

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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42922
Registrar's No. 71

FILED MAR 15 1948
Registration District No. 197

Primary Registration District No. 5644

1. PLACE OF DEATH:

(a) County LAFAYETTE
(b) City or town LEXINGTON
(If outside city or town limits, write "RURAL" and name of township)
RURAL
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community MOST OF LIFE (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LATA-YETTE
(c) City or town LEXINGTON 54
(If outside city or town limits, write "RURAL") 0
(d) Street No. RURAL 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

MATINZA A. HEJUNE
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12
year 1948 hour 10 minute 10 A.M.
21. I hereby certify that I attended the deceased from
Oct 2 1948 to Nov 12 1948
that I last saw h. u alive on _____, 19____
and that death occurred on the date and hour stated above.

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife PETE HEJUNE

6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased: Oct 16 1876
(Month) (Day) (Year)

8. AGE: Years 72 Months 0 Days 26 If less than one day
hr. _____ min. _____

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

10. Usual occupation AT HOME

11. Industry or business _____

12. Name JOHN MAYNARD

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

14. Maiden name VIRGINIA A. DRAFF

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

16. (a) Informant MRS ALBERT MOORE

(b) Address LEXINGTON, MO

17. (a) BURIAL (b) Date thereof Nov 14, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LEXINGTON, MO

18. (a) Signature of funeral director FORREST F. TEMPEL

(b) Address LEXINGTON, MO

19. (a) 31 Dec 48 (b) _____
(Date received local registrar) (Registrar's signature)

Immediate cause of death Chronic Myocarditis (Decompensated)
Duration _____

Due to Arteriosclerosis

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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) Means of injury 0

23. Signature [Signature] (M. D. or other) _____

Address [Address] Date signed 11/15/48

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 3-14-49

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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 *Leo J. Keane*

Licensed Embalmer No. 29837

P. O. Address *Levittown Pa*

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.