No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26067

FILED SEP 1 4 1948

Registration District No. 7

Primary Registration District No. 3023

Registrar's No. 186

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

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry
(c) City or town Clinton (If outside city or town limits, write "RURAL")
(d) Street No. 512 S Orchard (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Katie M Hetherington

3. (b) If veteran, name war —
3. (c) Social Security No. 491-32-3728

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband ~~or wife~~ Fred Hetherington
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased 7 (Month) 25 (Day) 1899 (Year)

8. AGE:

Years	Months	Days	If less than one day
49	1	10	hr. min.

9. Birthplace Henry Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name W C Norcross
13. Birthplace Polk Co (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Sarah C Nalter
15. Birthplace Henry Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant Fred Hetherington
(b) Address Clinton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation Englewood cem
18. (a) Signature of funeral director Sickman-Dunning
(b) Address Clinton Mo
19. (a) 9-8-1948 (Date received local registrar) (b) R R Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 5 year 1948 hour 2 minute 35 P.M.

21. I hereby certify that I attended the deceased from 8-31 1948 to 9-5 1948; that I last saw her alive on 9-5 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute myocarditis	18 hrs.
Due to Thyrotoxicosis & Hysterectomy	18 Hrs.
Due to	

Other conditions (Include pregnancy within 3 months of death)

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

23. Signature James O Smith (M. D. or other) M.D.
Address Clinton, Mo Date signed 9-8-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 8-48-1056
Date Filed 9-13-48

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 me
...., Registered Apprentice No. ....,
working under my personal supervision.

APR 19 1951

Signed J R Hanssey
Licensed Embalmer No. 3682
P. O. Address Calhoun, 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.