

Registration District No. 139

Primary Registration District No. 4077

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

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Hale

(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 20 yrs years, months or days

3. (a) PRINT FULL NAME Mary Malinda Heddle

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Amos Heddle

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

7. Birth date of deceased April 10 1869

8. AGE: Years 73 Months 3 Days 0

If less than one day _____ hr. _____ min.

9. Birthplace Bremen Mo.

(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER

12. Name Harvey Knight

13. Birthplace Indiana

(City, town, or county) (State or foreign country)

14. Maiden name Mary Phillips

15. Birthplace Indiana

(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frank Stevens

(b) Address Hale Mo.

17. (a) Burial (b) Date thereof July 12 1942

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bryant Cemetery

18. (a) Signature of funeral director Edgar S. Slater

(b) Address Hale Mo.

19. (a) July 12 42 (b) Mrs. Edgar Smith

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll

(c) City or town Hale

(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10

year 1942 hour 2 minute 20 P. M.

21. I hereby certify that I attended the deceased from Jan 18 1942

to July 10 1942

that I last saw her alive on July 10 1942

and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the Uterus

Duration _____

Due to _____

Due to _____

Other conditions 48 hr

(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)

(e) Means of injury _____

23. Signature John H. Robinson (M. D. _____)

Address Hale Mo. Date signed 7/14/42

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 8-5-42

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 Frank E. Slater

Licensed Embalmer No. 937

P. O. Address Wab 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.