

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5412
Registrar's No. 51

FILED MAR 12 1945

Registration District No. _____ Primary Registration District No. 3000

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirkville
(c) Name of hospital or institution: Community Nursing Home #4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 years
In this community 1 month 3 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Adair
(c) City or town Kirkville
(If outside city or town limits, write "RURAL")
(d) Street No. Comm. Nursing Home
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Heddo
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 13 year 1945 hour 7 minute 30 A.M.
21. I hereby certify that I attended the deceased from May 2 45 to Feb 13 45
that I last saw him alive on Feb 12 1945 and that death occurred on the date and hour stated above.

4. Sex male (1) race white
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (c) Age of husband or wife if alive _____ years

Immediate cause of death
Due to Cerebral hemorrhage Duration 1 hr.
Due to cerebral thrombosis 3 days
Due to Hypertension years

Years	Months	Days	If less than one day
<u>unknown</u>			

7. Birth date of deceased: unknown 1883
(Month) (Day) (Year)

Other conditions (Include pregnancy within 3 months of death)
Major findings: 82A
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

8. (a) Years 2
(b) Months unknown
(c) Days _____
If less than one day _____ hr. _____ min.
9. Birthplace Italy (State or foreign country)
10. Usual occupation Coal Miner
11. Industry or business Pituminous Coal
12. Name OK 9
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name OK 4
15. Birthplace _____ (City, town, or county) (State or foreign country)
16. (a) Informant Pete Pinesi
(b) Address Kirkville, Mo
17. (a) Burial (b) Date thereof 2-16-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Waverly Cemetery
18. (a) Signature of funeral director David Funeral Home
(b) Address Kirkville, Mo
19. (a) 3-345 (b) Mrs J. L. Wagner
(Date received local registrar) (Registrar's signature)

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 M. T. Gutenshain (Name or other) DO
Address Kirkville, Mo Date signed 2-15-45

RECEIVED
District Health Officer No. 10
District File Number 3-45-399
Date Filed MAR 8 1945

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 Bowden Beaty
Licensed Embalmer No. 4379
P. O. Address Kirkville, 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.