S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27433

FILED SEP 9 1948

Registration District No. 3-16a

Primary Registration District No. 3061

Registrar's No. 278

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Flat River, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Francois 94
(c) City or town Flat River or Desloge, Mo. 5
(If outside city or town limits, write "RURAL")
(d) Street No. 410 Reuter St. 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Mrs. Celia J. Heyman.
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 4
6. (b) Name of husband or wife Charles Enos Heyman
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 25 (Day) 1873 (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	3	29.	hr. min.

9. Birthplace Hartford, Tennessee (City, town, or county) (State or foreign country) 1
10. Usual occupation Housewife.
11. Industry or business
MOTHER FATHER
12. Name Mr. James Hargis.
13. Birthplace Tennessee. (City, town, or county) (State or foreign country) 1
14. Maiden name Mary Linvill
15. Birthplace Tennessee. (City, town, or county) (State or foreign country) 1
16. (a) Informant Sylvia - Mrs. Hemphill (daughter), Desloga, Mo.
(b) Address Desloga Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 27-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Antioch, New Caledonia, Mo.
18. (a) Signature of funeral director Alvin W. Hood
(b) Address 303 Cleaver St. Flat River, Mo.
19. (a) 8-30-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 24
year 1948 hour 11 minute 25 A.M. P.M.
21. I hereby certify that I attended the deceased from 6-1 19 48 to 8-24 19 48
that I last saw her alive on 8-24 19 48
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute cardiac decompensation	1 day
Due to: arteriosclerotic heart disease	unknown
Due to:	
Other conditions: Malnutrition from refusal to eat.	
Major finding 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 J. L. Foster (M. D. or other) MD
Address Desloga, Mo. Date signed 8-25-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 948-112

Date Filed 9-7-48

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Alvin W Hood

Licensed Embalmer No. 2780

P. O. Address 303 Crane St. J.R. 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.