

FILED DEC 8 1944

Registration District No. 937

Primary Registration District No. 3023

Registrar's No. 198

1. PLACE OF DEATH:

(a) County Henry Clinton
(b) City or town Clinton
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution Waters St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME America Heard
(b) If veteran, name war
(c) Social Security No.

4. Sex Fe 5. Color or race wh
6. (a) Single, widowed, married, divorced, widow
(b) Name of husband or wife R.L. Heard
(c) Age of husband or wife if alive 7-13-1865 years (Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 2 If less than one day hr. min.

9. Birthplace Warrensburg Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Anthony Fischer
13. Birthplace Mo
(City, town, or county) (State or foreign country)
14. Maiden name Martha Edwards
15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant J.T. Heard
(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 11-17-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Adam Ceme

18. (a) Signature of funeral director Fred Williams
(b) Address Clinton Mo

19. (a) November 17 1944 (Date received local registrar)
(b) Georgia Kitchener (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry
(c) City or town Clinton Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 7 Waters St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 15
year 1944 hour 9:45 minute PM

21. I hereby certify that I attended the deceased from 10-25, 1944 to 11-15, 1944
that I last saw her alive on 11-15, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration 3 weeks
Due to 830
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: None
Of operations None
Of autopsy None
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?

23. Signature Ed. C. Teel (Specify type of case) (c) Means of injury
Address Clinton Mo Date signed 11-15-44

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

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.....

Licensed Embalmer No. 2478

P. O. Address. Clinton 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.

Order No. 7,
Date filed 11-44-1966
12-5-66