S. No. 2
—1/47
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

5550
State File No.

FILED MAR 11 1948
Registration District No. 224

Primary Registration District No. 5796

Registrar's No. 8

1. PLACE OF DEATH:
(a) County Montcau Co.
(b) City or town Rural
(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 Montcau
(c) City or town Rural Mallen
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

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

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margarete Hegg
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 1 (Day) 1876 (Year)

8. AGE: Years 71 Months 10 Days 18 If less than one day hr. min

9. Birthplace (City, town, or county) Switzerland (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

MOTHER / FATHER
12. Name Fred Hegg
13. Birthplace (City, town, or county) Switzerland (State or foreign country)
14. Maiden name Rosetta Moser
15. Birthplace (City, town, or county) Switzerland (State or foreign country)

16. (a) Informant Miss Elsie Hegg
(b) Address California Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-22-48 (Month) (Day) (Year)
(c) Place: burial or cremation Salem Evangical Cem.
18. (a) Signature of funeral director Hugh E. Williams
(b) Address California Mo.
19. (a) 2-24-48 (Date received local registrar) (b) H. R. Popejoy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby day 19
year 1948 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from Feby 14, 1948 to Feby 19, 1948
that I last saw h.er alive on Feby 19, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Stomach. Probably near the Sphincter.	6 mos.
Due to: Ulcer history of 20 years.	
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 Edgar A. Kibbe (M. D. or other) M.D.
Address California Date signed 2/23/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number

Date Filed MAR 1 1948

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 Hugh E Hellmann

Licensed Embalmer No. 3537

P. O. Address California 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.