

1939 MAR 9

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7249
Do not use this space.

1. PLACE OF DEATH

(a) County Monticau Registration District No. 571
(b) Township Walker Primary Registration District No. 5769 Registered No. _____
(c) City _____ (d) Street No. _____ St. _____
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. _____ St. _____ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 27-1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 7 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticau Co Mo

FATHER 13. NAME Wm H Heiser

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co, Mo,

MOTHER 15. MAIDEN NAME Adelia Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co, Mo,

17. INFORMANT (ADDRESS) Wm Heiser California Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic Cem DATE 11/9 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm Heiser & Spudmeyer California Mo

20. FILED 11-9-1938 J. P. Ruppert Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1938, to Nov 7, 1938

I last saw him alive on Nov. 7, 1938 Death is said to have occurred on the date stated above, at 2 p.m.
The principal cause of death and related causes of importance were as follows:

accident's disease

Date of onset 10/22/38

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) J. P. Ruppert, Jr., M. D.
(Address) California Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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. Hillman

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, above space should be left blank: