

FILED SEP 12 1945

Registration District No. _____

Primary Registration District No. **5793-4331**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Montgomery**
(b) City or town **Jameson**
(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 **all his life**
years, months or days

3. (a) PRINT FULL NAME **Frederic Axel Heyerd**

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 **Single**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased **June 6 1879**
(Month) (Day) (Year)

8. AGE: Years **66** Months **1** Days **28** If less than one day _____ hr. _____ min.

9. Birthplace **Sandy Hook** (City, town, or county) (State or foreign country) **IL**

10. Usual occupation **Farming**

11. Industry or business:

MOTHER FATHER {
12. Name **Dora Heyerd**
13. Birthplace **Germany** (City, town, or county) (State or foreign country) **IL**
14. Maiden name **Pauline Wagner**
15. Birthplace **Germany** (City, town, or county) (State or foreign country) **IL**

16. (a) Informant **William W. Allen**

(b) Address **Jameson Mo.**

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(Burial, cremation, or removal)

(c) Place: burial or cremation **Lutheran Cemetery**

18. (a) Signature of funeral director **Chas. Fullbrook**

(b) Address **Jameson**

19. (a) **8-7045** (b) **Grace Gertsoch**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Montgomery**

(c) City or town **Jameson**
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **3rd**
year **1945** hour **11** minute **55 P.**M.

21. I hereby certify that I attended the deceased from **Dec 29**, 19**44** to **Aug 3**, 19**45**
that I last saw him alive on **Aug 3**, 19**45**
and that death occurred on the date and hour stated above.

Immediate cause of death **Arricular Fibrillation and Myocarditis** **172**

Due to _____

Due to _____

Other conditions **Spastic Colitis**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **none**
Of autopsy **none**

Duration

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Edgar A. Gittle** (M. D. or other) **California Mo.**
Address **California Mo.** Date signed **9/14/45**

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 9-10-45

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, fact should be so stated above.