REC'D APR 15 1938

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

10088
Do not use this space.

1. PLACE OF DEATH
(a) County: Benton
(b) Township: Williams
(c) City:
Registration District No.: 59
Primary Registration District No.: 5094
Registered No.: 9
(d) Street No.: St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: Henry G Heimsoth 5-23
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs Johana Wymuth Heimsoth
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 5-1-1867
7. AGE: Years 70 Months 10 Days 12 If LESS than 1 day, hrs. or min.

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): Lake Creek Mo
FATHER
13. NAME: Fred Heimsoth
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany
MOTHER
15. MAIDEN NAME: Gesche Adelheid Geiger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany
17. INFORMANT (ADDRESS): Mrs Johana Heimsoth Cole Camp Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE: Holy Cross DATE: 3-15-1938, 19
19. FUNERAL DIRECTOR (ADDRESS): E. L. Eickhoff Cole Camp Mo
20. FILED: 3-18, 1938 Sue Belouer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 13th, 1938
22. I HEREBY CERTIFY, That I attended deceased from December 7, 1937, to March 13, 1938
I last saw him alive on March 12, 1938 Death is said to have occurred on the date stated above, at 9 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the stomach	
Other contributory causes of importance:	

Name of operation: None Date of:
What test confirmed diagnosis? Was there an autopsy? No

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? No
If so, specify
(Signed) Chas D Osborne, M. D.
(Address) Sedalia Mo
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(Licensed Embalmer's Statement on Reverse Side)

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, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed E. L. Eckhoff

Licensed Embalmer No. 730

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.)