

6260 SEP 26 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

28567

Do not use this space.

1. PLACE OF DEATH

(a) County

Carroll

Registration District No.

135

(b) Township

Carrollton

Primary Registration District No.

3010

(c) City

Carrollton

(d) Street No.

(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

(a) ~~XXXXXXXX~~

(William Heuman)

St.

Slater, Missouri

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

Selma Hinrichsen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

6-22-1891

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

47

2

6

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

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

farmer

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Saline Co Mo

FATHER

13. NAME

Corrad Heuman

MOTHER

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

St Charles Mo

15. MAIDEN NAME

Mirijie Schultz

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

St Charles Mo

17. INFORMANT
(ADDRESS)

Mrs. J. J. Nelson

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Carrollton Mo

DATE

8-30-38

19. FUNERAL DIRECTOR (NAME)
(ADDRESS)

J. B. Droney

20. FILED

8-29-1938

Local Registrar

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

8-28

1938

22. I HEREBY CERTIFY, That I attended deceased from

8-19-1938 to 8-28-1938

I last saw him alive on 8-28-1938 Death is said

to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

Multiple Internal Injury
And to Auto Accident

Date of onset

Other contributory causes of importance:

Hemorrhage of Brain

Name of operation Decompression Date of 8-28-38

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 8-19-1938

Where did injury occur? Carrollton Mo

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Auto Accident

Nature of injury Internal Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. B. Droney M. D.

(Address) Carrollton, Mo

210 m

RECEIVED
District Health Officer No. 8,
District File Number
9/1/38
Date Filed

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.

P. O. Address

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

28567

Do not use this space.

1. PLACE OF DEATH

(a) County Carroll Registration District No. 135
(b) Township _____ Primary Registration District No. 3010 Registered No. _____
(c) City Carrollton (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

William Henry Heuman
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
47 2 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

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)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19 _____

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED _____ 19 _____

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-28 1938

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____.

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Multiple internal injuries due to auto accident
Date of onset 11/10/37

Other contributory causes of importance:

Collision with other motor vehicle

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 Accident Date of injury 8-27 1938

Where did injury occur? U.S. Highway 24 and 65

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

U.S. Highway 24-65

Manner of injury Collision with other motor vehicle

Nature of injury believed

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) H. B. Deverman, M. D.

(Address) Carrollton

1938

5-28567