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.

REC'D DEC 21 1938

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

39844
Do not use this space.

1. PLACE OF DEATH
(a) County MONROE — Registration District No. 582
(b) Township JACKSON — Primary Registration District No. 5779 — Registered No. 37
(c) City ..... (d) Street No. MONROE CO., INFIRMARY 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 3 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 355 JOHN OLIVER HEATHMAN
(a) Residence, No. HOLLIDAY, MO. 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): SINGLE
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 3RD 1867
7. AGE: YEARS 71 — MONTHS 2 — DAYS 3 — 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) 1926
11. Total time (years) spent in this occupation ACTIVE LIFE

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MONROE CO., MO.

FATHER
13. NAME JOHN HEATHMAN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KY.

MOTHER
15. MAIDEN NAME JULIA HEATHMAN.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KY

17. INFORMANT (ADDRESS) THOS. JONES, HOLLIDAY, MO.
18. BURIAL, CREMATION, OR REMOVAL PLACE OAK GROVE DATE NOV. 7 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) SPEED & BLAKEY PARIS, MO
20. FILED 11-6 1938. H. C. Payne M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV. 6 1938.
22. I HEREBY CERTIFY, That I attended deceased from Nov 6 1938 to Nov 6 1938
I last saw him alive on Nov 6 1938 Death is said to have occurred on the date stated above, at 3:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11/6/38

Other contributory causes of importance: 82a

Name of operation ..... Date of .....
What test confirmed diagnosis? [illegible] Was there an autopsy? [illegible]

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? [illegible]
If so, specify .....
(Signed) Geo. M. Rapphile, M. D.
514 (Address) PARIS, MO.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-38-711
Date Filed 12-16-38

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 W. A. Blakey

Licensed Embalmer No. 2614

P. O. Address Paris, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.