OAT 1 8 1939

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

42837
Do not use this space.

1. PLACE OF DEATH
(a) County Cooper | Registration District No. 218
(b) Township or | Primary Registration District No. 3015 | Registered No. 115
(c) City Boonville (d) Street No. St. Joseph Hospital 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 33 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

27
2
2

2. PRINT FULL NAME 500 Smith Francis Heim
(a) Residence, No. Blackwater, 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 M.
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 Kylie Heim
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-5-1905
7. AGE YEARS 33 MONTHS 4 DAYS 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Mechanic
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) Dec 14-1938
11. Total time (years) spent in this occupation 14 yrs

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

FATHER
13. NAME Wm F. Heim
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri

MOTHER
15. MAIDEN NAME Margaret Windsor
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri

17. INFORMANT (ADDRESS) Mrs Smith Heim Blackwater Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Peninsula Cem DATE 12-17 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hays & Stocklein Pilot Grove, Mo
20. FILED Dec 16 1938 D. E. Cooper Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 14 1938
22. I HEREBY CERTIFY, That I attended deceased from not attended, 19—, to —, 19
I last saw h— alive on not seen alive, 19 Death is said to have occurred on the date stated above, at 10:50 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Dynamite Explosion, Fracturing Skull and Blowing Rock Into Brain	Dec. 14 1938

Other contributory causes of importance:

201 4

Name of operation none Date of —
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Dec 14, 1938
Where did injury occur? R.F.D. Blackwater Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In Industry (Rock quarry)
Manner of injury Accidental Dynamite Explosion
Nature of injury Fractured Skull and Rock blew into Brain

24. Was disease or injury in any way related to occupation of deceased? yes
If so, specify He was thawing out a water pipe in the rock quarry and the dynamite was accidentally exploded
(Signed) J. C. Tincher, M. D.
(Address) Boonville Mo
Coroner of Cooper County Mo.

(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.

CEIVED
strict Health Officer No. 8,
strict File Number 1/13/39
te 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 Peyton E Hays, Registered Apprentice No. ..... working under my personal supervision.

Signed Peyton E Hays

Licensed Embalmer No. 3074

P. O. Address Pilot Grove, M

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

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