

1939 MAR 9

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

7249  
Do not use this space.

1. PLACE OF DEATH

(a) County Monticau Registration District No. 571  
 (b) Township Walker Primary Registration District No. 5869 Registered No. \_\_\_\_\_  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(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 W 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) Mar 27-1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
24 7 10

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) Monticau Co Mo

FATHER 13. NAME Wm H Heimer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co, Mo,

MOTHER 15. MAIDEN NAME Adelia Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co, Mo,

17. INFORMANT (ADDRESS) Wm Heimer California Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic Cem DATE 11/9 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm Heimer & Spud California Mo

20. FILED 11-9-1938 JAR Popejay  
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1938, to Nov 7, 1938

I last saw him alive on Nov. 7, 1938 Death is said to have occurred on the date stated above, at 2 p. m.  
 The principal cause of death and related causes of importance were as follows:

accident disease Date of onset 10/22/38

Other contributory causes of importance: 6.8 57.2.38

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? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1938

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? \_\_\_\_\_ If so, specify \_\_\_\_\_

(Signed) J. P. Burtis, Jr., M. D.

(Address) California Mo

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.

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**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, above space should be left blank:**