

REC'D MAY 24 1939

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

16396  
Do not use this space.

1. PLACE OF DEATH

(a) County Vernon 3 Registration District No. 875  
 (b) Township Washington Primary Registration District No. 6162 Registered No. 94  
 (c) City Nevada 1 (d) Street No. State Hospital # 3 St.  
 (e) Length of residence in city or town where death occurred 0 yrs. 2 mos. 23 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

William T. Hearne  
 (a) Residence, No. Nevada Mo. 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 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 Tanie Hearne

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
74 | 9 | 27

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) Kentucky

13. NAME Wm Hearne

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

15. MAIDEN NAME ?

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

17. INFORMANT (ADDRESS) Records, State Hosp # 3

18. BURIAL, CREMATION, OR REMOVAL PLACE Wd Washington Cem DATE April 3, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chas. W. Williams  
Goodman Mo.

20. FILED 4-5, 1939 Allen V. Hays  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1939, to April 1, 1939

I last saw him alive on April 1, 1939. Death is said to have occurred on the date stated above, at 9:30 a.m.  
 The principal cause of death and related causes of importance were as follows:

Degenerative Heart Disease Date of onset

Other contributory causes of importance:  
Arteriosclerosis  
Senility

Name of operation..... 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) Russ H. Patten M. D.

(Address) State Hosp # 3, Nevada

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.

RECEIVED  
District Health Officer No. 7,  
District File Number 7-39-724  
Date Filed 4-8-39

**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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Allen V. Kays  
Licensed Embalmer No. 1968  
P. O. Address Nevada 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.**