

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

18084
Do not use this space.

REC'D JUN 14 1939

1. PLACE OF DEATH
 (a) County Buchanan Registration District No. 85
 (b) Township Washington Primary Registration District No. 1001
 (c) City St. Joseph, Mo. (d) Street No. 2715 Sacramento 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 40 yrs. 7 mos. 13 ds. (f) How long in U. S., if of foreign birth? 40 yrs. 7 mos. 13 ds.

2. PRINT FULL NAME Elvin Heady
 (a) Residence, No. 2715 Sacramento, City 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 Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 7, 1898

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
40 7 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Invalid.
 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) Kansas City, 1
 (STATE OR COUNTRY) Kansas

FATHER 13. NAME Frank Heady, Dec. 1

14. BIRTHPLACE (CITY OR TOWN) Iowa 1
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Grace Murdock

16. BIRTHPLACE (CITY OR TOWN) Mulberry Grove,
 (STATE OR COUNTRY) Illinois

17. INFORMANT Mrs. Grace Heady
 (ADDRESS) 2715 Sacramento, City

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE May 22, 1939

19. FUNERAL DIRECTOR (NAME) Fleeman & Son, Inc.
 (ADDRESS) 1946 Calhoun, City

20. FILED May 22 1939 H. Wetzel
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1900 to May 20, 1939
 I last saw him alive on May 10, 1939. Death is said to have occurred on the date stated above, at 7 P.m.
 The principal cause of death and related causes of importance were as follows:

1st hydrocephalus Birth
congenital
 Date of onset
 Other contributory causes of importance: 1548

Name of operation none Date of none
 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? _____ 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) John J. Bynum M. D.
 (Address) Dr. Bynum

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.

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.....

Winfred Schooley

Licensed Embalmer No. *3909*

P. O. Address *1946 Colhoun St. Joplin*

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.