

JUN 24 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

19169
Do not use this space.

1. PLACE OF DEATH *Marion, Mo.*

(a) County *Marion, Mo.* Registration District No. *546*

(b) Township *Rolla, Mo.* Primary Registration District No. *5427*

(c) City *Rolla, Mo.* (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. ds.

2. PRINT FULL NAME *JOHN HEILMAN*

(a) Residence, No. *921 N. 9TH ST.* St. *MURPHYSBORO, ILL.*

(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 _____ 1922

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *2-6-1922*

7. AGE YEARS <i>17</i>	MONTHS <i>4</i>	DAYS <i>12</i>	IF LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *School boy*

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) *Murphysboro, Ill.*

FATHER

13. NAME *Wm. E. Heilman*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Stanton, Ill.*

MOTHER

15. MAIDEN NAME *Margaret Goettleman*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *New York*

17. INFORMANT *Wm. E. Heilman*
(ADDRESS) *921 N. 9TH, Murphysboro, Ill.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Rolla, Mo.* DATE *6/20* 19*39*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Mrs. Harry McCaw*
Rolla, Mo.

20. FILED _____ 19 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *6/18* 19*39*

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Accidental drowning in the Mississippi River

Date of onset _____

Other contributory causes of importance: *183*

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? *Accident* Date of injury _____ 19____

Where did injury occur? *On the Mississippi River* (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) *Orel E. Lickliter* _____

(Address) *St James MO*

Local Registrar.

(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.

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.....

R. J. McCaw

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

R. J. McCaw

Licensed Embalmer No.

3953

P. O. Address.....

Roele

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

19169
Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 546
(b) Township Spring Creek Primary Registration District No. 5738
(c) City (d) Street No. 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

John Heilman
(a) Residence, No. 921 N 9th St 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) s
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-6-1922
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 17 4 12
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. school
9. Industry or business in which work was done, as saw mill, bank, etc. tey
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) Murphystown Illinois

FATHER 13. NAME Wm E. Heilman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stanton Illinois

MOTHER 15. MAIDEN NAME Margaret Dettlemann
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) Wm E. Heilman 921 N 9th St Murphystown Ill

18. BURIAL, CREMATION, OR REMOVAL PLACE Rolla Mo DATE 6-20 1939

19. FUNERAL DIRECTOR (ADDRESS) Mrs Harry McCall Rolla Mo

20. FILED Aug 19 - 1939 Saw u. Warner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/18 1939

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...
I last saw h..... alive on 19... Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:
accidental drowning in Gasconade River

Date of onset
Other contributory causes of importance:

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? acc Date of injury 19...
Where did injury occur? Gasconade R (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) Oral E. Leckler, M.D.
(Address) St James Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
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.

TEMPORARY

AUG 18 1939