

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.

Registration District No. 689

Primary Registration District No. 3033

Registrar's No. _____

1. PLACE OF DEATH:
(a) County PIKE
(b) City or town LOUISIANA MO
(c) Name of hospital or institution:
WEHRMAN AVE.
(d) Length of stay: In hospital or institution 72 YRS.
In this community 72 YRS.

USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County PIKE
(c) City or town LOUISIANA
(d) Street No. WEHRMAN AVE
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME EDWARD FORREST HESKETT
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased SEPT 22 1867

8. AGE: Years 72 Months 0 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace PIKE Co. MO.

10. Usual occupation PLASTERER

11. Industry or business _____
12. Name W. C. HESKETT
13. Birthplace PIKE Co. MO
14. Maiden name ELIZABETH CARMELL
15. Birthplace KENTUCKY

16. (a) Informant's own signature W. C. HESKETT
(b) Address LOUISIANA MO

17. (a) BURIAL (b) Date thereof OCT 20-39
(c) Place: burial or cremation FAIRVIEW CEM.

18. (a) Signature of funeral director W. J. Luda
(b) Address Louisiana MO

19. (a) 10-18-39 (b) J. C. Haley
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month OCT day 18
year 1939 hour 4 PM minute _____ M.
21. I hereby certify that I attended the deceased from Oct 18 to Oct 18 1939
that I last saw him alive on Oct 18 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
Due to Arterio Sclerosis
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature W. C. Heskett (M. D. or other) _____
Address Louisiana MO Date signed 10/18/39

RECEIVED

District Health Officer No. 10

District File Number 11-39-1860

Date Filed NOV 5 1939

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.....

Harold Garner, Registered Apprentice No. _____
working under my personal supervision.

Signed Harold Garner

Licensed Embalmer No. 3720

P. O. Address Louisiana

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.