

JAN 12 1940

Registration District No. 411Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Joplin
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 520 Byers Ave. 2
 (If not in hospital or institution, state street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 years, months or days) 27 years

3. (a) PRINT FULL NAME Lewis H. Heimann 5563. (b) If veteran, name war _____ 3. (c) Social Security No. 491-01-70374. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased JANUARY 2 1876
(Month) (Day) (Year)8. AGE: Years 63 Months 11 Days 11 If less than one day hr. _____ min. _____9. Birthplace ALTAMONT ILLINOIS
(City, town, or county) (State or foreign country)10. Usual occupation CARPENTER11. Industry or business 012. Name MARTIN HEIMANN13. Birthplace DAMINSVILLE ILLINOIS
(City, town, or county) (State or foreign country)14. Maiden name ROSINE SANDELL15. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs John Kammans(b) Address 1122 Moffet Ave. Joplin17. (a) BURIAL (b) Date thereof 12-16-39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mont Rose, Mo.18. (a) Signature of funeral director Thornhill - Dillon(b) Address Joplin, Missouri19. (a) 12-13-39 (b) Ed D. Jarney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Joplin
 (If outside city or town limits, write "RURAL")
 (d) Street No. 520 Byers Ave
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13
year 1939 hour 6 minute 45 M.21. I hereby certify that I attended the deceased from _____ to _____, 1939that I last saw him alive on December 13-, 1939

and that death occurred on the date and hour stated above.

Immediate cause of death Heart Duration _____
Attack

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____Of autopsy Investigation

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? _____
(City or town) (County) (State)

(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 H. H. Winchester (M. D. or other) _____Address Joplin, Mo. Date signed 12-13-39

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. 6,

District File Number 140-192

Date Filed JAN 10 1945

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 Don Tetrick

Licensed Embalmer No. 4008

P. O. Address Joplin, 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.