No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 3 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1734

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 69

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1073 North Noyes Blvd. (If not in hospital or institution, write street number or location) 9-

(d) Length of stay: In hospital or institution (Specify whether In this community 18 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph (If outside city or town limits write "RURAL")

(d) Street No. 1073 North Noyes Blvd. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME George Ernst Heaton 350

3. (b) If veteran, name war World 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 Margaret

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased January 10, 1896 (Month) (Day) (Year)

8. AGE: Years 44 Months 0 Days 11 If less than one day hr. min.

9. Birthplace Craig (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Owner & Manager 1

11. Industry or business Real Estate & Investment Co. 0

FATHER
12. Name Edwin Heaton
13. Birthplace Bushnell, (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Emma Kaltenbach
15. Birthplace Oak County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Margaret C Heaton

(b) Address 1073 North Noyes Blvd., St. Joseph

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Jan. 23, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery, St. Joseph

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1302 Faraon, St. Joseph

19. (a) Jan 23/40 (Date received local registrar) H. J. Nistlebush (Registrar's signature) 4.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21 year 1940 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from Nov. 7, 1939, to Jan 21, 1940 that I last saw him alive on 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Embolism	1 day
Due to Septic Endocarditis	Nov 7 1939
Due to Septicemia (Strepto. cocci)	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy None	

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Gustav A Lan (M. D. or other)

Address Kirkpatrick Building Date signed 1/22/40

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(Licensed Embalmer's Statement on Reverse Side) St. Joseph

JUN 23 1948

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 W. H. Kelly

Licensed Embalmer No. Mo. 3946

P. O. Address St. Joseph, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.