

No. 2  
11-10-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
1940 APR 4 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 11487

Registration District No. 457

Primary Registration District No. 4971

Registrar's No. 4

54  
30

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

1. PLACE OF DEATH: Lafayette  
 (a) County Lafayette  
 (b) City or town Concordia  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2  
 In this community 80 years  
 years, months or days 113 (Specify whether)

3. (a) PRINT FULL NAME JOHN FRED HEERWALD  
 8. (b) If veteran, name war:  
 8. (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 Lina Heerwald  
 6. (c) Age of husband or wife if alive years  
 7. Birth date of deceased June - 17 - 1853  
 (Month) (Day) (Year)

8. AGE: Years 86 Months 8 Days 24 If less than one day hr. min.

9. Birthplace Germany  
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business  
 MOTHER FATHER { 12. Name William Heerwald  
 13. Birthplace Germany  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Louise Faust  
 15. Birthplace Germany  
 (City, town, or county) (State or foreign country)

16. (a) Informant Lina Heerwald  
 (b) Address Concordia Mo.

17. (a) Burial (b) Date thereof March 13 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation First Baptist Cemetery

18. (a) Signature of funeral director H.F. Dressing  
 (b) Address Concordia Mo

19. (a) March 13 - 40 (b) Ferdinand Shyman  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Lafayette  
 (c) City or town Concordia  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1314 St. Louis St.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. - 80 - years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month March day 11  
 year 1940 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 1, 1934, to March 11, 1940,  
 that I last saw him alive on March 11, 1940,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Bright's disease 7-6-40  
 Due to Arteriosclerosis of heart - 79

Due to  
 Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
 Of autopsy No  
 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?  
 412 (Specify type of place) (e) Means of injury

23. Signature Ferdinand Shyman (M. D. or other)  
 Address Concordia, Mo. Date signed 3-13-40

100

100  
15-3-40

RECEIVED  
District Health Officer No. 8  
District File Number 4-3-40  
Date Filed -----

**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. Roy Green  
Licensed Embalmer No. 3070  
P. O. Address Wellington 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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. 11487

Registration District No. 457

Primary Registration District No. 4271

Registrar's No. 4

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

1. PLACE OF DEATH:

(a) County Bakerette  
(b) City or town Concord  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether

In this community..... years, months or days)

3. (a) PRINT FULL NAME John Fred Heernald

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced. m

6. (b) Name of husband or wife..... 6. (c) Age of husband, or wife, if alive..... year

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years 86 Months 8 Days 24 If less than one day hr. min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

13. Birthplace..... (City, town, or county) (State or foreign country)

14. Maiden name..... (City, town, or county) (State or foreign country)

15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address.....

17. (a)..... (b) Date thereof. (Month) (Day) (Year)

(Burial, cremation, or removal) (Place: burial or cremation.....)

18. (a) Signature of funeral director.....

(b) Address.....

19. (a)..... (b)..... (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....

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

(d) Street No..... (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Mar day 11 year 1940 hour..... minute..... M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death acute Bright Disease Duration

Auricular fibrillation  
Due to.....

Due to one to chronic nephritis 3 yrs

Other conditions (include pregnancy within 3 months of death) 121

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?..... (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) Manner of injury.....

23. Signature Ferdinand Shryman, M.D.

Address Concord, Mo. Date signed.....

11487 (1940)