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

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

16373

State File No.

MAY 15 1940

Registration District No. 875 Primary Registration District No. 6162 Registrar's No. 107

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

1. PLACE OF DEATH:

(a) County Vernon

(b) ~~City or town~~ Rural Washington TV
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hosp. #3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo 2 dec 3
(Specify whether years, months or days)

In this community unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

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

(d) Street No. 2201 Linwood
(If rural, give location)

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

3. (a) PRINT FULL NAME Frank Heightman 233

3. (b) If veteran, name war unknown

3. (c) Social Security No. unknown

4. Sex M

5. Color or race W

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 May (Month) 6 (Day) 1859 (Year)

8. AGE: Years 81 Months 1 Days 1 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) 6 (State or foreign country)

10. Usual occupation Farmer 6

11. Industry or business

FATHER
12. Name Henry Heightman 6
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Hospital Record
(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr (Month) 9 (Day) 1940 (Year)
(c) Place: burial or cremation State Hospital Cemetery

18. (a) Signature of funeral director Terry Funeral Home
(b) Address Nevada, Missouri

19. (a) 4/9/40 (Date received local registrar) (b) Allen V. Hays (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 7 year 1940 hour 11 minute 00 A M.

21. I hereby certify that I attended the deceased from 3-5, 1940, to 4-7, 1940 that I last saw him alive on 4-7, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to

Due to

Other conditions General Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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? 7 75 (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address State Hosp #3 Date signed 4/7/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 3-40-725
Date Filed 5-6-40

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~~ personally

....., Registered Apprentice No.....

working under my personal supervision.

Signed Lloyd R. Winnett

Licensed Embalmer No. 3857

P. O. Address Nevada, Mo.

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

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