

Registration District No. 347

Primary Registration District No. 5488

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Clinton  
(If outside city or town limits, write "RURAL", and name of township)  
(c) Name of hospital or institution: Rural - Clinton Twp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
(Specify whether years, months or days) 635

3. (a) PRINT FULL NAME Rumsey Columbus Heard  
8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife America Heard 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: 2 12 1861  
(Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Columbus Heard  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Shaw  
15. Birthplace Carolina 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Luther Heard  
(b) Address Clinton Mo

17. (a) \_\_\_\_\_ (b) Date thereof 5-20-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Adams

18. (a) Signature of funeral director Fred Wellhausen  
(b) Address Clinton Mo

19. (a) 5-25-40 (b) Dr. J. B. Haughey  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clinton  
(c) City or town Clinton Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 313 N. Water  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18  
year 1940 hour 11 minute 20 P.M.

21. I hereby certify that I attended the deceased from 5-17- 1940 to 5-18 1940  
that I last saw him alive on 5-18 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death: Fracture ribs on R side from a fall  
Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Draxmia  
(Include pregnancy within 3 months of death)

Major findings: Urinary retention  
Of operations: Enlarged Prostate

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence 11-16-40  
(c) Where did injury occur? at home  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 312

(Specify type of place) While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Ed. J. Keller (M. D. or other) 1  
Address Clinton Mo Date signed 11/20/40

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

**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

*Fred W. Williams*

Licensed Embalmer No. 2478

P. O. Address Clinton, Ill.

**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.**