

Registration District No. 538

Primary Registration District No. 3028

Registrar's No. 23

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.

1. PLACE OF DEATH:  
(a) County Madison  
(b) City or town Fredericktown  
(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) 7  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days 3.07

3. (a) PRINT FULL NAME Thomas Carrall Heath  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_  
alive \_\_\_\_\_ years  
7. Birth date of deceased July 23 - 1854  
(Month) (Day) (Year)

8. AGE: Years 85 Months 9 Days 10  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

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

MOTHER FATHER  
12. Name John Heath  
13. Birthplace N.C.  
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Luidwell  
15. Birthplace N.C.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature E. A. Heath  
(b) Address Fredericktown Mo.

17. (a) Burial (b) Date thereof May 6-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hickory Grove Church  
18. (a) Signature of funeral director E. H. Webb  
(b) Address Fredericktown Mo.

19. (a) May 6 - 1940 (b) S. G. O'Laughlin  
(Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Madison  
(c) City or town Fredericktown  
(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 May day 3  
year 1940 hour 4:00 P. M. minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from Apr. 1, 1940, to May 2, 1940,  
and that death occurred on the date and hour stated above. May 2, 1940.  
that I last saw him alive on \_\_\_\_\_

Immediate cause of death Cardiac asthma Duration 2 mos  
Due to Influenza  
Due to Uremia  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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) (e) Means of injury \_\_\_\_\_  
While at work? \_\_\_\_\_  
23. Signature Harry Berger (M. D. examiner)  
Address Fredericktown Mo. Date signed 3/7/40

**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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

Ed. H. Webb

Licensed Embalmer No. 731

P. O. Address Fredericktown  
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.**