No. 2
1-10-39
-17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

31895

FILED OCT 18 1940

State File No.

Registration District No. 272 Primary Registration District No. ~~5379~~ 4165 Registrar's No. 52

1. PLACE OF DEATH:

(a) County Douglas

(b) City or town Ava, ~~Rural~~ ~~Benton~~
(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 20 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas

(c) City or town Ava.
(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.

3. (a) PRINT FULL NAME Frank Heimeyer

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rosetta Heimeyer

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased April 19, 1868 (Month) (Day) (Year)

8. AGE: Years 72 Months 3 Days 20 If less than one day hr. min.

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

10. Usual occupation Laborer 6

11. Industry or business 6

FATHER
12. Name ~~Unknown~~ Henry Andrew Heimeyer
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Leana ~~Unknown~~ Kathilena
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant H. L. Heimeyer
(b) Address Ava, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-10-40 (Month) (Day) (Year)
(c) Place: burial or cremation Ava

18. (a) Signature of funeral director Clinkingbeard Funeral Home
(b) Address Ava, Missouri

19. (a) 9-11 1940 (Date received local registrar) (b) Reba King White (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9 year 1940 hour 4 minute a M.

21. I hereby certify that I attended the deceased from , 1939, to Aug 9, 1940 that I last saw him alive on Aug 9, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis — Duration Doubt 1 mo

Due to Prostatic Hypertrophy — Doubt 1 mo

Due to

Other conditions (Include pregnancy within 3 months of death) 21

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? (Specify type of place)
While at work? 976 (e) Means of injury

23. Signature R M Norman (M. D. or other)
Address Ava Mo Date signed Aug 31/40

(Licensed Embalmer's Statement on Reverse Side)

Dr. R. M. Norman

RECEIVED

District Health Officer No. 6,

District File Number 1948-2643

Date Filed OCT 2 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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.