

Registration District No. 7-2

Primary Registration District No. 595

Registrar's No.

NOV 21 1940

1. PLACE OF DEATH

(a) County Ralls Mo
(b) City or town Saxerton Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Name
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls Mo
(c) City or town Saxerton
(If outside city or town limits write "RURAL")
(d) Street No. Saxerton MO
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME EDWARD-HEIMER

3. (b) If veteran, name war _____ 3. (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 Anna B (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 29 1881
(Month) (Day) (Year)

8. AGE: Years 59 Months 8 Days 14 If less than one day hr. _____ min. _____

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

10. Usual occupation Fisherman

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph. Heimer

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

14. Maiden name Dorothy Murphy

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

16. (a) Informant Anna Mae Heimer

(b) Address Saxerton Mo

17. (a) NTOLivet. Burial (b) Date thereof OCT 15, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NTOLivet Cem

18. (a) Signature of funeral director James Edmond

(b) Address Academy Mo

19. (a) Oct 29 1940 (b) Blanche Ingram
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 15th day October
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____
No medical attention
that I last saw h _____ alive on _____, 19 _____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Myocarditis
Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death) 178

Major findings:
Of operations _____

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) _____ 2

(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? 53

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

23. Signature Clyde C. Wilkey (M. D. or other) _____
Address Saxerton Mo Date signed 10/15/40

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

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

RECEIVED

District Health Officer No. 10

District File Number 11-40-2077

Date Filed NOV 8 1940

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 Michael J. Adornes

Licensed Embalmer No. 2244

P. O. Address Anniston 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.