

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.

NOV 20 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

36563
Do not use this space.

1. PLACE OF DEATH

(a) County Stoddard Registration District No. 834 ✓
 (b) Township Prine Primary Registration District No. 6097
 (c) City Near Ardeola (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Otto Heisserer
 (a) Residence, No. Libonia Mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep 3, 1909

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
31 1 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Kutter in Hosiery

9. Industry or business in which work was done, as saw mill, bank, etc. Cotton Gint. for two weeks

10. Date deceased last worked at this occupation (month and year) _____ Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Helsa, Scott Co Mo

13. NAME Alloys Heisserer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Helsa, Scott Co Mo

15. MAIDEN NAME Mary Scherer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Hamburg Mo

17. INFORMANT A Heisserer
 (ADDRESS) Hellins Mo

18. BURIAL, CREMATION, OR REMOVAL St Augustine cern
 PLACE Helsa Mo DATE 10/21/40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Bisplinghoff Hubbers
Chaffee Mo

20. FILED Oct 26, 1940 S. B. McGee Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 17, 1940 ✓

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1940 to Oct 17, 1940
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Multiple crushing injuries
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) W. C. Dickerson, M. D.
 (Address) Butler Mo

144.12
92

RECEIVED

District Health Officer No. 2

District File Number 1140-16

Date Filed 11/6/40

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.....

....., Registered Apprentice No. 3242
working under my personal supervision.

Signed Maurice Desplenghoff

Licensed Embalmer No.

P. O. Address Chaffee 7

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 365-63

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 834

Primary Registration District No. 6097

Registrar's No. 7

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD.

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Boone Mo
(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 _____ (Specify whether

In this community _____ years, months or days)

3. (a) PRINT FULL NAME Leon Otto Heisser

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced s

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
31 1 14 hr. min.

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

MOTHER FATHER

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof. (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

(9. (a) Oct 26 1940 (b) D. S. McFee
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (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 Oct day 17
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____

that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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?

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

23. Signature W. C. Dieckman (M. D. or other) _____

Address Dexter Mo Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SUPPLEMENTAL

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **365637**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **834**

Primary Registration District No. **6099**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County **Stoddard**
(b) City or town **Pike T.P.**
(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 _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME

Leon Otto Heisserer

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **M**

5. Color or race **W**

6. (a) Single, widowed, married, divorced **S**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased _____

(Month) (Day) (Year)

8. AGE:

Years **31** Months **1** Days **14**

If less than one day _____ hr. _____ min.

9. Birthplace _____

(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

13. Birthplace _____

(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____

(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____

(b) Date thereof _____

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____

(Date received local registrar)

(b) _____

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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.

20. DATE OF DEATH: Month **Oct** day **17**
year **1940** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Multiple Crushing injuries

Due to _____
Due to _____
Other conditions _____ (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) **accident**

(b) Date of occurrence _____

(c) Where did injury occur? **Near Perkins, Mo.**

(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

On line of Cotton Belt Ry.

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

23. Signature **W.C. Dickman**

Address **Dexter, Mo.** Date signed _____

SUPPLEMENTAL

This man was an employee of the St. Louis Southwestern Railway. He was injured and killed while at work on the line near Perkins, Mo. I do not remember the date as I have no record of the accident. I reported this by wire to the chief surgeon-hence no record in my office.

The death certificate was filled out at the Southeast Mo. Hospital by someone else. I only signed it as I was busy delivering 9 severely wounded men, and had left my glasses in my grip in one of the ambulances which conveyed the men.

W.C. Dieckman.