

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40013
Registrar's No. 238

Registration No. 884

Primary Registration District No. 6176

FILED DEC 11 1940

09

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

1. PLACE OF DEATH:

(a) County Warren
(b) City or town Rural- Charrette
(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 Life
years, months or days _____

8. (a) PRINT FULL NAME Conrad Casper Heggemann

8. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Feb. 28 1909
(Month) (Day) (Year)

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

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Henry Heggemann

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

14. Maiden name Antonia H aupt

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

16. (a) Informant Charles J. Heggemann

(b) Address Marthasville, Missouri

17. (a) Burial (b) Date thereof Nov. 8-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concord Hill, Mo.

18. (a) Signature of funeral director Fred W. Schmitt

(b) Address Marthasville, Missouri

19. (a) 11/6/40 (b) [Signature]
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren
(c) City or town Rural
(If outside city or town limit write "RURAL")
(d) Street No. Charrette Township
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 9 day 6
year 1940 hour about 4:30 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 Cerebral stroke due to long stand by for R. T. Train Duration _____

Due to Callus on right hand while riding train in truck

Due to in truck (Inquest pending)

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

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) Accident

(b) Date of occurrence Nov. 6 - 1940

(c) Where did injury occur? R. K. Roaring stream Co
(City or town) (County) (State)

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

While at work? yes (e) Means of injury Truck

23. Signature D. F. H. Heggemann (M. D. or other) DC

Address Marthasville Mo Date signed Nov 7

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 with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.