

No. 2
-13-40
17-39
X25159

RECEIVED MAR 14 1941
Registration District No. 5

Primary Registration District No. 5191

Registrar's No. 26

1. PLACE OF DEATH: Cancor
 (a) County _____
 (b) City or town Rural Sugar Tree TP
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 45 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Cancor?
 (c) City or town Rural Sugar Tree TP
 (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 Charles Newton Heaton

3. (b) If veteran, name war _____ 3. (c) Social Security No. 1

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased 4 22 1862
 (Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days 22
 If less than one day _____ hr. _____ min.

9. Birthplace Green County 1 Ill
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Heaton

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Charles Heaton

(b) Address Cancor mo

17. (a) Burial (b) Date thereof Feb. 16, 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Bur.

18. (a) Signature of funeral director Willis Marshall

(b) Address Cancor mo

19. (a) 2-15/41 (b) John Hasbun
 (Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 14
 year 1941 hour _____ minute 12:15 A.M.

21. I hereby certify that I attended the deceased from 2-6, 1941, to 2-14, 1941;
 that I last saw him alive on 2-14, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach

Due to _____

Due to _____

Other conditions Cystitis chronic
 (Include pregnancy within 3 months of death)

Major findings: Of operations none

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) _____

(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? 130
 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Geo A Kellery (M. D. or other) 0

Address Waverly mo Date signed 2/14/41

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

RECEIVED
District Health Officer No. 8,
License File Number
3-5-41
Case Filed

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 myself

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

Signed R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carroll 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, fact should be so stated above.