

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6593

MAR 14 1941

Registration District No. 135

Primary Registration District No. 5191

Registrar's No. 30

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

1. PLACE OF DEATH:

(a) County Cassell

(b) City or town rural - Sugar Tree Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Cassellton Mo. R.R. 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 _____
years, months or days)

3. (a) PRINT FULLNAME VIRGIL C. HEATON

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 divorced

6. (b) Name of husband or wife Sophronia Hutchey

6. (c) Age of husband or wife if alive 70 years

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

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>		<u>18</u>	_____ hr. _____ min.

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

10. Usual occupation painter

11. Industry or business _____

MOTHER FATHER

12. Name John Heaton

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

14. Maiden name Hermes Wyder

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

16. (a) Informant Mrs. Charles Heaton

(b) Address Cassellton Mo.

17. (a) Burial (b) Date thereof Feb. 18, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cassellton Mo.

18. (a) Signature of funeral director M. F. Stroud

(b) Address Norwood, Missourii

19. (a) 2-18-1941 (b) W. H. Naskin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cassell 17

(c) City or town rural - Sugar Tree Twp.
(If outside city or town limits, write "RURAL")

(d) Street No. Cassellton Mo.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17
year 1941 hour 2 minute 15 AM

21. I hereby certify that I attended the deceased from 2-6-41 1941 to 2-17 1941;
that I last saw h. was alive on 2-16 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis chronic

Due to _____

Due to 12/10

Other conditions cardio vascular
(Include pregnancy within 3 months of death)

Renal disease

Major findings: _____

Of operations _____

Of autopsy NO

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. Kelling (M. D. or other) 0
Address Waverly Mo. Date signed 2-17-41

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

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 me

J. P. Strand, Registered Apprentice No. 2406
working under my personal supervision.

Signed J. P. Strand
Licensed Embalmer No. 2406
P. O. Address Robome N

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.