

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13990

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 472

1. PLACE OF DEATH:
(a) County BUCHANAN
(b) City or town ST. JOSEPH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: STATE HOSPITAL No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 ds.
In this community many years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Andy 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 married
6. (b) Name of husband or wife Stella 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Dec. 8 1865
(Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 20 If less than one day hr. _____ min. _____

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

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER
12. Name Robt. Heaton
13. Birthplace Ind. I
(City, town, or county) (State or foreign country)
14. Maiden name Martha Gibson
15. Birthplace Ind. I
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Vera Heaton
(b) Address 2010 S. 8th St. St. Joseph

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-30-41
(Month) (Day) (Year)
(c) Place: burial or cremation Rushville, Mo.

18. (a) Signature of funeral director FLEEMAN & SON INC.
(b) Address St. Joseph, Mo.

19. (a) 4-30-1941 (b) N. J. Nestlebusch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2010 S. 8th
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Apr. day 28 year 1941 hour 3 minute 00 M.
21. I hereby certify that I attended the deceased from Apr. 18 1941, to April 28 1941, that I last saw him alive on April 28 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Asencho pneumonia with acute paratyphoid
Due to _____
Due to Arteriosclerosis
Other conditions markedly deteriorated
(Includes pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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? 85
(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature T. J. O'Dell (M. D. 5770)
Address St. Joseph Date signed 4/24/41

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

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

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

Signed George E. Daniel

Licensed Embalmer No. 3300

P. O. Address St Joseph 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.