

No. 2
1-4-41
-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **25378**

FILED **AUG 11 1941**

Registration District No. **26**

Primary Registration District No. **5581**

Registrar's No. **11**

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

1. PLACE OF DEATH:
 (a) County **Johnson**
 (b) City or town **Warrensburg (Rural) Chulhouse Twp**
(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
 In this community **62 yrs + 1** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Wm. Addison Heizer**
 3. (b) If veteran, name war **✓**
 3. (c) Social Security No. **—**

4. Sex **male** 5. Color of race **white** 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **Amy Heizer** 6. (c) Age of husband or wife if alive **60** years
 7. Birth date of deceased **Aug - 22 - 1878**
(Month) (Day) (Year)

8. AGE: Years **62** Months **10** Days **19** If less than one day **—** hr. **—** min.

9. Birthplace **Johnson Co** **Mo. 7**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **—**

MOTHER FATHER
 12. Name **Wm. Heizer**
 13. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)
 14. Maiden name **Jessie Jones**
 15. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. W. A. Heizer**
 (b) Address **Warrensburg, Mo.**

17. (a) **Burial** (b) Date thereof **July - 13 - 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Jessie Chapel**

18. (a) Signature of funeral director **Sweeney Phillips**

(b) Address **Warrensburg, Mo.**

19. (a) **July 15 - 41** (b) **J. O. K. Co. Co.**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Johnson 051**
 (c) City or town **Warrensburg (Rural)**
(If outside city or town limits, write "RURAL")
 (d) Street No. **—**
(If rural, give location)
 (e) Citizen of foreign country? **0** (Yes or No)
 If yes, name country **—**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **11**
 year **1941** hour **3:45** minute **7 P.M.**
 21. I hereby certify that I attended the deceased from **1933**
 19 **—** to **7-11-41** 19 **—**;
 that I last saw h. **in** alive on **7-9-** 19 **41**;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** **2 day**
 Due to **arteriosclerosis** **?**
 Due to **arterial hypertension** **?**
 Other conditions **—**
(Include pregnancy within 3 months of death)

Duration
 ?
 ?
 ?
PHYSICIAN
 —
 Underline the cause to which death should be charged statistically.

Major findings: **82 W**
 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?
(Specify type of place)
 While at work? **—** (e) Means of injury **—**
 23. Signature **J. P. M. Kimes** (M. D. or other **MD**)
 Address **Warrensburg Mo** Date signed **7-12-41**

862 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-9-41

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.....

Carl Priest

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Carl Priest*

Licensed Embalmer No. *3878*

P. O. Address *Warrensburg*

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.