

No. 2
-1-4-41
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
SEP 12 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28702

Registration District No. 461

Primary Registration District No. 3024

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Lexington
(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 all his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette

(c) City or town Lexington
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Thomas Heathman

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 Single

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

7. Birth date of deceased July 15, 1871
(Month) (Day) (Year)

8. AGE: Years 70 Months 0 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Lexington, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Wagonman Coal Mine Retired

11. Industry or business _____

12. Name John Heathman

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

14. Maiden name Rayson & Thomason

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

16. (a) Informant Miss O. O. Heathman

(b) Address Lexington, Mo.

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

(c) Place: burial or cremation Lexington, Mo.

18. (a) Signature of funeral director W. Baker

(b) Address Lexington, Mo.

19. (a) Sept 3/41 (b) Delia T. Bate
(Date received local registrar) (Registrar's signature)

890 (Licensed Embalmer's Statement on Reverse Side)

20. DATE OF DEATH: Month Aug. day 11
year 1941 hour 16 minute A M.

21. I hereby certify that I attended the deceased from Jan 13, 1940 to Aug 11, 1941; that I last saw him alive on Aug 10, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death:
Carcinoma prostate
Metastasis to lumber
vertebrae

Due to _____

Due to _____

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

Major findings:
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? _____

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

23. Signature W. Baker (M. D. or other) _____
Address Lexington, Mo. Date signed 7/3/41

Duration
Several months
6 mo

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

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

490-16-3222

256

518

Ryland

RECEIVED
District Health Officer No. 8,
District File Number
9-11-41
Date 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.....

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

Signed Geo. A. Thorne

Licensed Embalmer No. 2983

P. O. Address Leungton, 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.