

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31503

Registration District No. 300

Primary Registration District No. 5417

Registrar's No. 9

1. PLACE OF DEATH: **FRANKLIN**
 (a) County **FRANKLIN**
 (b) City or town **Rural Lyon Township**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Residence /**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **entire life** (Specify whether)
 In this community **entire life**
 years, months or days

3. (a) PRINT FULL NAME **Carl Heinrich Adolph Heidmann**
 3. (b) If veteran, name war **None**
 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Louisa** 6. (c) Age of husband or wife if alive **71** years
 7. Birth date of deceased **Dec. 7 1865**
 (Month) (Day) (Year)

8. AGE: Years **75** Months **8** Days **22** If less than one day
 hr. min.

9. Birthplace **Holstein** **0 Mo**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business **Farmer**

12. Name **Frederick Heidmann**
 13. Birthplace **Germany** **4**
 (City, town, or county) (State or foreign country)

14. Maiden name **Erlis Busse**
 15. Birthplace **Germany** **4**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Carl Heidmann**
 (b) Address **Gerald Mo. Rural**

17. (a) **Burial** (b) Date thereof **9 1 41**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Engesser Cemetery**

18. (a) Signature of funeral director **Harman Blunel**
 (b) Address **Burger**

19. (a) **9-3-41** (b) **J. Matthews**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Franklin** **36**
 (c) City or town **Rural Lyon Township** **0**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **6**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? **entire life** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **29**
 year **1941** hour **11** minute **40** A.M.

21. I hereby certify that I attended the deceased from **June 29, 41**
 to **Aug 29, 41**

that I last saw him alive on **Aug 25, 1941**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Apoplexy** Duration
Had slight attacks previously.
 Due to **Hypertension**

Due to **1**
830
 Other conditions
 (Include pregnancy within 3 months of death)

Major findings: **no operation**
 Of operations **no autopsy**
 Of autopsy **no autopsy**
 PHYSICIAN

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 **John Engelbrecht** (M. D. or other)
 Address **Stacy Phillips** Date signed **8-30-41**

(Licensed Embalmer's Statement on Reverse Side)

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

36
00

Handwritten scribbles and illegible text at the top of the page.

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 *Herman Blumer*

Licensed Embalmer No. 528

P. O. Address *Byer 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.