

Registration District No. **385**

Primary Registration District No. **5422**

Registrar's No. **27**

FILED NOV 19 1941

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1. PLACE OF DEATH:

(a) County **GASCONADE**
(b) City or town **ROSEBUD**
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community **ENTIRE LIFE** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **GASCONADE**
(c) City or town **ROSEBUD**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME **CHARLES WILLIAM HESEMAN**

8. (b) If veteran, name war _____ 8. (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 **LOUISE WINTER HESEMAN** 6. (c) Age of husband or wife if alive **74** years

7. Birth date of deceased **AUGUST 25 1860**
(Month) (Day) (Year)

8. AGE: Years **81** Months **2** Days **6** If less than one day _____ hr. _____ min.

9. Birthplace **DRAKE MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED FARMER**

11. Industry or business _____

MOTHER { 12. Name **WILLIAM HESEMAN**

FATHER { 13. Birthplace **GERMANY**
(City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name **MINNA VEDDER**

FATHER { 15. Birthplace **GERMANY**
(City, town, or county) (State or foreign country)

16. (a) Informant **Dr. Walter Heeseman**

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

17. (a) **BURIAL** (b) Date thereof **11 3 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CHARLOTTE EV. CHURCH Cem.**

18. (a) Signature of funeral director **H. S. Gattentort**

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

19. (a) **Nov 3 1941** (b) **Alice Hach**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **31**
year **1941** hour **12** minute **P** M.

21. I hereby certify that I attended the deceased from **Oct 28 1941** to **Oct 31 1941**
that I last saw him alive on **Oct 31 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral thrombosis** Duration **3 days**

Due to ~~Arteriosclerosis~~

Due to ~~Arteriosclerosis~~

Other conditions **Arterial Sclerosis**
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations **J. B. C.**
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? _____

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

23. Signature **Charles A. Smith** M. D. or other _____
Address **Rosedale Mo** Date signed **11/1/41**

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 Michael H. Winter

Licensed Embalmer No. 3838

P. O. Address Owensville 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, above space should be left blank.