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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED NOV 12 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 358752

Registration District No. 1124

Primary Registration District No. 58519

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Ozage

(b) City or town Freeburg

(c) Name of hospital or institution Washington

(d) Length of stay: In hospital or institution 37 days

In this community 4000 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ozage

(c) City or town Freeburg

(d) Street No. 75

(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Paul John Hegman

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race Wh

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Hegman

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased see p 2 1968

8. AGE: Years 72 Months 10 Days 3 If less than one day \_\_\_\_\_ min.

9. Birthplace Brinklow Mo

10. Usual occupation Wrench repair

11. Industry or business Welder

12. Name Paul Hegman

13. Birthplace Freeburg Mo

14. Maiden name Ann Schnitz

15. Birthplace Freeburg Mo

16. (a) Informant A. H. Thellebrand

(b) Address Freeburg Mo

17. (a) Date thereof (Month) (Day) (Year) \_\_\_\_\_

(c) Place: burial or Freeburg

18. (a) Signature of funeral director M. A. ...

(b) Address Freeburg Mo

19. (a) Oct 14 - 1941 (b) Mrs. D. Buechler

(c) \_\_\_\_\_ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11 year 1941 hour 7 minute 45 M.

21. I hereby certify that I attended the deceased from August 15, 1941, to Oct 11, 1941.

that I last saw him alive on Oct 11, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 3 hours

Due to chronic nephritis 15 yrs

Due to arterio sclerosis 10 yrs

Other conditions ✓

(Include pregnancy within 3 months of death)

Major findings: 121R

Of operations ✓

Of autopsy ✓

PHYSICIAN \_\_\_\_\_

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 place) \_\_\_\_\_

(e) Means of injury \_\_\_\_\_

23. Signature J. A. Buechler (M. D. or other) ✓

Address Freeburg Mo Date signed 11-41

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

6660

**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

*John D. Holt*

Registered Apprentice No. *260*

working under my personal supervision.

Signed *Vernon Morton*

Licensed Embalmer No. *4125*

P. O. Address *Linn, 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.**