

JAN 13 1942

Registration District No. **175**

Primary Registration District No. **5248**

Registrar's No. **67**

1. PLACE OF DEATH:

(a) County **Chariton**  
(b) City or town **Chariton, 1st Rural**  
(c) Name of hospital or institution: **Glasgow Mo. 1 Rural**  
(If not in hospital or institution, write street number of location)  
(d) Length of stay: In hospital or institution **63-1-25** (Specify whether in this community years, months or days)

3. (a) PRINT FULL NAME **FRED E. HEIMAN**

3. (b) If veteran, name war: \_\_\_\_\_ 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 **Mary Dantel** 6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased **Oct 23 1898**  
(Month) (Day) (Year)

8. AGE: Years **63** Months **1** Days **25** If less than one day hr. min.

9. Birthplace **Chariton County Mo. U.S.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **FARM**

12. Name **Christian Heiman**

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

14. Maiden name **Agnes Moore**

15. Birthplace **Chariton County Missouri U.S.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Ben Heiman**

(b) Address **Glasgow Mo.**

17. (a) **Burial Removal** Date thereof **12-20-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**Washington Cem.**

(c) Place: burial or cremation **Glasgow Mo.**

18. (a) Signature of funeral director **Walker Anderson**  
(b) Address **Glasgow Mo.**

19. (a) **12/19/41** (b) **R. A. Poling**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Chariton**  
(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Near Forest Green, Mo.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **18**  
year **1941** hour **11** minute **45 A.M.**

21. I hereby certify that I attended the deceased from **12-9** 19**41** to **12-18** 19**41**  
that I last saw him alive on **12-18** 19**41**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** Duration **129.41**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions **94a**  
(Include pregnancy within 3 months of death)

Major findings: 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 **M. J. Anderson** (M. D. or other) \_\_\_\_\_  
Address **Glasgow Mo** Date signed **12-18-41**

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

1023

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 1-9-42

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 *J. Walker Andley*  
Licensed Embalmer No. *3336*

P. O. Address *Glasgow 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.