

JAN 9 1942 801
Registration District No. 801

Primary Registration District No. 6044

1. PLACE OF DEATH:

(a) County SALINE
(b) City or town RURAL SALT POND TWP
(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 _____ years, months or days)

3. (a) PRINT FULL NAME Unnamed
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex MALE 5. Color or race WHITE 6. (a) Single 0 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 NOV 25 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 1 hr. _____ min.

9. Birthplace SALINE COUNTY MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____
11. Industry or business _____

MOTHER FATHER { 12. Name ARTHUR HEERMAN
13. Birthplace SALINE COUNTY MO
(City, town, or county) (State or foreign country)
14. Maiden name EDNA ROBIER
15. Birthplace PLATT COUNTY MO
(City, town, or county) (State or foreign country)

16. (a) Informant ARTHUR HEERMAN
(b) Address EMMA MO

17. (a) BURIAL (b) Date thereof NOV 25 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HOLY CROSS CHURCH CEMETERY

18. (a) Signature of funeral director E. S. JAMES

(b) Address CONCORDIA MO

19. (a) 11/25/41 (b) R. JAMES
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County SALINE
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 3/4 MILE NORTH OF EMMA MO
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 25
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from NOV. 25 1941 to NOV. 25 1941;
that I last saw him alive on NOV 25 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation
Due to Premature birth

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

Major findings: 159
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 Lesburn Ellis (M. D. or other) 0
Address Sweet Springs, Mo. Date signed 11/25/41

Duration

30 min

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 1-7-42.....

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..... ME

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

Signed.....

E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia 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.