

17309

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUN 5 1942

Registration District No. \_\_\_\_\_

Primary Registration District No. 4024

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Barton  
(b) City or town Lamar  
(If outside city or town limits, write "RURAL" and name of township)  
(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 \_\_\_\_\_ (Specify whether)  
In this community 40 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton  
(c) City or town Lamar  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

8. (a) PRINT FULL NAME JOHN THOMAS HEYDENBERK

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, Widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 1 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 11 13 hr. min.

9. Birthplace Medina Michigan  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Carr Heydenberk

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

14. Maiden name Mary M. Metcalf

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant W. A. Heydenberk

(b) Address Lamar, Missouri

17. (a) Burial (b) Date thereof May 15 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Cemetery

18. (a) Signature of funeral director KONANTZ FUNERAL HOME

(b) Address Lamar, Missouri

19. (a) 5-15-42 (b) Martha River  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13  
year 1942 hour 9 minute 20 A. M.

21. I hereby certify that I attended the deceased from April 25 1942 to May 13 1942  
the I last saw him alive on May 12 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Arterio-sclerotic heart disease with terminal hypostatic pneumonia  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 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 James G. Atkins (M. D. or other) \_\_\_\_\_  
Address Lamar, Mo Date signed 5/14/42

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

MOTHER FATHER

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

1179

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 642-757

Date Filed JUN 4 1942

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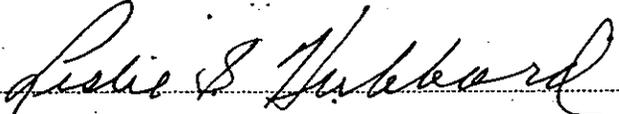
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STATEMENT BY LICENSED EMBALMER

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.....  


Licensed Embalmer No. 3550

P. O. Address Lamar, Missouri

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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 17 309

Registration District No. 40

Primary Registration District No. 4024

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Lamar  
(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 John J. Heydenberg

3. (b) If veteran..... 3. (c) Social Security No.....

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced w

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

7. Birth date of deceased June (Month) (Day) (Year)

8. AGE: Years 81 Months 11 Days 13 If less than one day min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name.....

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

{ 14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

17. (a)..... (b) Date thereof..... (Month) (Day) (Year)

(c) Place: burial or cremation.....

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

(b) Address.....

19. (a)..... (b)..... (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....

(c) City or town..... (If outside city or town limits, write "RURAL")

(d) Street No..... (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month May Day 13 year 1942 hour..... minute..... M.

21. I hereby certify that I attended the deceased from....., 19..... that I last saw him..... and that death occurred on the date and hour stated above.  
Immediate cause of death.....

Due to..... Hypostatic - Pneumonia

Due to..... Bronchias

Other conditions..... (Include pregnancy within 3 months of death)

Major findings: 107  
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?  
..... (Specify type of place) (e) Means of injury.....

23. Signature..... (M. D. or other)  
Address..... Date signed.....

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

SUPPLEMENTARY

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

S-17309