

Registration District No. 477

Primary Registration District No. 5559c

Registrar's No. 21

49  
0  
0

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Museum

(c) Name of hospital or institution: Jasper C. O. B. Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 1/2 weeks  
(Specify whether years, months or days)

In this community 1  
years, months or days

3. (a) PRINT FULL NAME Frank Heasley

3. (b) If veteran, name war -

3. (c) Social Security No. 496-03-2209

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife John Heasley

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased April 23 1905  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>37</u>	<u>2</u>	<u>22</u>	<u>0</u> hr. <u>0</u> min.

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

10. Usual occupation Carpenter

11. Industry or business

MOTHER FATHER { 12. Name John Heasley

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

14. Maiden name Ellen Baker

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

16. (a) Informant Keen Jr

(b) Address Willow Springs, Mo.

17. (a) Burial (b) Date thereof 7/14/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Willow Springs, Mo.

18. (a) Signature of funeral director Burnard Gustin Home

(b) Address Willow Springs, Mo.

19. (a) July 14, 1942 (b) Mrs. Lillie Eagle  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Keosauqua 46

(c) City or town Willow Springs 2  
(If outside city or town limits, write "RURAL")

(d) Street No. 0  
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14  
year 1942 hour 12 minute 40.6 M.

21. I hereby certify that I attended the deceased from Dec 16 1941 to July 14 1942  
that I last saw him alive on July 14 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to 12/16/41

Due to 12/16/41

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN 12/16/41

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 7/14/42

(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? 0

While at work? (Specify type of place) (e) Means of injury 0

23. Signature Jessie E. Dargatzis (M. D. or other) 0  
Address Willow Springs, Mo. Date signed 7/14/42

42-7-660

---

---

**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.....

*C. H. Hedge*

Licensed Embalmer No. ....

*2859*

P. O. Address.....

*Webb City, 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.**