

No. 2
-5-42
5-17-43
I x 22

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3207

State File No. _____

FILED FEB 11 1943

Registration District No. 295

Primary Registration District No. 6015

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Huntsville, Rural Section
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Jan 28 1943 to Jan 28 1943
that I last saw him alive on Jan 28 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis
Duration Several years

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

Major findings:
Of operations 61
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)
Means of injury _____
23. Signature [Signature] (M. D. or other) [Signature]
Address Huntsville Date signed 2/24/43

3. (a) PRINT FULL NAME Terrill Jim Heburn

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Middie Evaline Heburn 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased November 12 1881
(Month) (Day) (Year)

8. AGE: Years 62 Months 2 Days 16
If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER {
12. Name James Heburn
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Nancy Jane Rice
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Miss Dorothy Heburn
(b) Address Huntsville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof January 30, 1943
(Month) (Day) (Year)
(c) Place: burial or cremation Trinity Cemetery

18. (a) Signature of funeral director Tom B Patton
(b) Address Huntsville, Mo

19. (a) 2-3-43 (Date received local registrar) (b) Mrs. P. [Signature] (Registrar's signature)

1637 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 2-43-246

Date Filed FEB 10 1943

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 Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntville, Md.

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.