S. No. 2
M—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17391

FILED JUN 8 1943

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 532

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Methodist Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew 2

(c) City or town Helena 0 (If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No)

If yes, name country //

3. (a) PRINT FULL NAME GEORGE ALBERT HEATH

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Minnie Heath

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Oct (Month) 3 (Day) 1867 (Year)

8. AGE: Years 75 Months 7 Days 10 If less than one day hr. min.

9. Birthplace Jefferson County (City, town, or county) Indiana // (State or foreign country)

10. Usual occupation farmer

11. Industry or business retired 10 years

FATHER
12. Name Francis A. Heath
13. Birthplace Jefferson County (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Virginia A. Sheets
15. Birthplace Jefferson County (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Mrs. Reece Brinton

(b) Address St. Joseph, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/16/43 (Month) (Day) (Year)

(c) Place: burial or cremation Helena, Mo.

18. (a) Signature of funeral director Seaton-Bethel & Bowman

(b) Address St. Joseph, Mo.

19. (a) May 14, 1943 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13 year 1943 hour 2 minute 45 P M.

21. I hereby certify that I attended the deceased from 5/3/ 1943 to 5/13/ 1943; that I last saw him alive on 5/13/43 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Hypertrophy of Prostate

Due to Uremia

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations as above

Of autopsy

Duration

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? (Specify type of place)

While at work (e) Means of injury

23. Signature Charles Greenberg 0 (M. D. or other)

Address Rt 8 Mt St Joseph Mo Date signed 5/14/43

(Licensed Embalmer's Statement on Reverse Side)

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 James A. Moles

Licensed Embalmer No. 3296

P. O. Address St Joseph 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.