

No. 2
4-13-40
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19346

State File No. 8

FILED MAY 27 1943

Registration District No. 372

Primary Registration District No. 4543

Registrar's No. 7

1. PLACE OF DEATH:

(a) County WEBSTER

(b) City or town SEYMOUR MO.
(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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster

(c) City or town Seymour, Mo.
(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.

3. (a) PRINT FULL NAME FRANK CHRISTIAN HEISER.

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

4. Sex male 5. Color or White

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

6. (b) Name of husband or wife Wife 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased July 17 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>9</u>	<u>5</u>	hr. min.

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

10. Usual occupation Carpenter

11. Industry or business _____

12. Name John Heiser

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

14. Maiden name Mary B. Daniel

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

16. (a) Informant Minnie Heiser

(b) Address Seymour Mo.

17. (a) Burial (b) Date thereof Mar 23-43
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director J. K. Kelley

(b) Address Seymour Mo.

19. (a) May 17-43 (b) Gelbert Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 22
year 1943 hour 9 minute 35 A.M.

21. I hereby certify that I attended the deceased from 3-12 1943 to 3-22 1943
that I last saw him alive on 3-12 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Dr. Brown

Due to Was jammed.

Due to Safe line trouble

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

Major findings: Of operations 12481

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 G. P. Seiler (M. D. or other) _____

Address Seymour Mo. Date signed 4-19-43

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

1200

112

0

0

years.

1943

1943

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 543-689

Date Filed MAY 26 1943

MAY 26 1943

This Body was not Embalmed

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.....

P. O. Address.....

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.