

FILED JUL 12 1943

Registration District No. 99

Primary Registration District No. 4166

Registrar's No. 118

1. PLACE OF DEATH:

(a) County Rehoboth

(b) City or town Weatherby mo
(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 all of his life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Rehoboth

(c) City or town Weatherby
(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 _____

3. (a) PRINT FULL NAME Benjamin Everitt Heimbaugh

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 8 year 1943 hour 8 minute 20 P. M.

21. I hereby certify that I attended the deceased from April 21 1943 to June 8 1943 that I last saw him alive on June 8 1943 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

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

(b) Name of husband or wife Sarah Bell Heimbaugh 6. (b) Age of husband or wife if alive 73 years

7. Birth date of deceased: Nov 14 1861
(Month) (Day) (Year)

Immediate cause of death Carcinoma stomach & liver

Due to _____

Due to _____

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

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>6</u>	<u>24</u>	hr. _____ min. _____

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Signer Heimbaugh

13. Birthplace Don't know (City, town, or county) (State or foreign country)

14. Maiden name Ellen Reed

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

16. (a) Informant C Heimbaugh

(b) Address 339 Monton Ave J. G. Monton

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-10-43 (Month) (Day) (Year)

(c) Place: burial or cremation Shambaugh Cemetery

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

(b) Address Whiston Mo

19. (a) 6-11-43 (Date received local registrar) (b) C. W. Wingley (Registrar's signature)

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 Fred K. Wilson (M. D. or other) _____

Address Whiston Mo Date signed 6-9-43

Duration from history one year more

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

32
0
0

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. 1188

P. O. Address Cameron 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.