

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21456
Registrar's No. 119

Registration District No. 137

Primary Registration District No. 5517

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

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Rural, Tebo Twsp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Windsor Coal Co, R F D 3 Leeton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community Employee of Company (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Windsor
(If outside city or town limits, write "RURAL")
(d) Street No. 104A North Main
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Marion Elza Heard

3. (b) If veteran, name war.....
3. (c) Social Security 487-10-4869

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

6. (b) Name of husband or wife Elsie Nace Heard 6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased June 13 1914
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
28 11 27 hr. min.

9. Birthplace Morgan County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Oiler on electric shovel

11. Industry or business Coal mining

12. Name James Arthur Heard

13. Birthplace Morgan County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Theresa Smith

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

16. (a) Informant Mrs. Elza Heard
(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 6-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turner
(b) Address Windsor, Missouri

19. (a) June 15, 1943 (b) Georgia Kitcher
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10
year 1943 hour one minute 30 P. M.

21. I hereby certify that I attended the deceased from
19... to 19...

that I last saw found dead in
and that death occurred on the date and hour stated above.

Immediate cause of death Found dead in water in strip coal mining pit while attending electric pumps

Due to Coroner's jury returned a verdict of death by causes unknown.

Due to of death by causes unknown.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 042 ✓

(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

22. (a) Dr. P. S. Hallingworth, Coroner
(b) Clinton, Missouri (City or town) (County) (State)
Address Date signed 6/10/43

RECEIVED
District Health Officer No. 7,
District File Number 6-43-636
Date Filed 7-8-43

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 Me

....., Registered Apprentice No.
working under my personal supervision.

Signed R. A. Branninger
Licensed Embalmer No. 3377
P. O. Address Leeton, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1116

Registration District No. 137

Primary Registration District No. 5517

Registrar's No. 119

1. PLACE OF DEATH:

(a) County Idemiss
(b) City or town Rural
(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)

3. (a) PRINT FULL NAME Marion E Head

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife else 6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased June 13 - 1924
(Month) (Day) (Year)

8. AGE: Years 28 Months 11 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Henry
(c) City or town Winona
(If outside city or town limits, write "RURAL")
(d) Street No. 104 1/2 No main
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13 year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____

that I last saw him _____ alive on _____, 19____ and that death occurred on the date and hour stated above. Immediate cause of death _____

Found dead in water in strip running
Due to fat.

Due to coronary arteriosclerosis
Result of death by
Other conditions causes work.
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
1938
1949

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) Tramway accident

(b) Date of occurrence June 10, 1943

(c) Where did injury occur Winona Henry Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrial place.

(Specify type of place)

While at work? yes (e) Means of injury lost power line been electrified by train

23. Signature Dr. R. S. Halling M.D. or other _____
Address Clinton Mo. Date signed 7/13/43

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

SUPPLEMENTARY

521456