

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

38591  
Do not use this space.

FILED DEC 11 1943

**1. PLACE OF DEATH**

(a) County Lewis Registration District No. 583  
 (b) Township Franklin Primary Registration District No. 5647 Registered No. 173  
 (c) City Country (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 57 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

Martha Helen Auguste Heesmann  
 (a) Residence, No. \_\_\_\_\_ (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 19 - 1885  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
57 11 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) Franklin (STATE OR COUNTRY) Mo

FATHER 13. NAME Carl Heesmann

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) fi

MOTHER 15. MAIDEN NAME Whitehead

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) fi

17. INFORMANT (ADDRESS) Mrs Heesmann  
Aurora Mo R. 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Franklin DATE 11/5/43

19. FUNERAL DIRECTOR (NAME) Fossitt Funeral Home (ADDRESS) 1111 Vernon St

20. FILED 11/5/43 19 Andy Crawford Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 3rd 1943  
 22. I HEREBY CERTIFY, That I attended deceased from Feb 27 1943 to Oct 6 1943  
 I last saw her alive on Oct 6 1943 Death is said to have occurred on the date stated above, at 6:40 a.m.  
 The principal cause of death and related causes of importance were as follows:

Myocarditis  
senile dementia  
 Other contributory causes of importance \_\_\_\_\_  
 Date of onset not known

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Paul Smith, M. D.  
 (Address) Aurora Mo  
21 N Pleasant

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED

District Health Officer No. 6,

District File Number 1243-1364

Date Filed 12-8-43

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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 N. D. Fossett

Licensed Embalmer No. 2201

P. O. Address MT Vernon, W. Va.

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, above space should be left blank.