

State File No. _____

Registrar's No. 21

FILED

NOV 10 1943

Registration District No. 296

Primary Registration District No. 6019

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

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Rural Arnick Imp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 1 1/2 miles north of Arnick
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community About 33 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray

(c) City or town Rural near Arnick
(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.? no. _____ years.

3. (a) PRINT FULL NAME CLAUDE J. HEATH

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 29
year 43 hour 10 minute 20 A. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Waller Virginia Heath

6. (c) Age of husband or wife if about 53 years

7. Birth date of deceased: 5 - 1 - 1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 19, 1943, to Oct-29, 1943
that I last saw him alive on Oct 29, 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

57 5 28 hr. _____ min.

Immediate cause of death Cerebral Apoplexy
about 4-10 days

Duration Sept 19/43

9. Birthplace Buckner Jackson Co - Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

Due to Chloroform

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER { 12. Name J. T. Heath

13. Birthplace Warrensburg James Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Essie Hayward

15. Birthplace Jackson Co Mo
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Waller V. Heath

(b) Address Arnick Mo

17. (a) Burial (b) Date thereof 10-30-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation South Point Arnick

18. (a) Signature of funeral director C. V. Gibson

(b) Address Arnick Mo

19. (a) Oct 30/43 (b) Dr. J. T. Simmons
(Date received local registrar) (Registrar's signature)

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 Giffin T. Simmons (M. D. or other) D. O.

Address Arnick - Mo Date signed 10/30/43

242
1/10/43

1224

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 11-9-43

NOV 17 1943

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 _____

C. V. Gibson

Licensed Embalmer No. _____

2299

P. O. Address _____

Oriskany Me

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.