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26390

FILED MAY 8 1944

Registration District No. 226

Primary Registration District No. 57-99-4336

Registrar's No. 20

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

1. PLACE OF DEATH:

(a) County MONROE  
(b) City or town HOLLIDAY, MONROE-TWP.  
(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 33 YRS. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE 69  
(c) City or town HOLLIDAY 0  
(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 / 0

3. (a) PRINT FULL NAME WILLIAM FRANKLIN HEATHMAN

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife EVA MAE HEATHMAN 6. (c) Age of husband or wife if alive 66 years  
7. Birth date of deceased FEB 29, 1872 (Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 12 If less than one day hr. min.

9. Birthplace MONROE CO. (City, town, or county) MO. (State or foreign country)

10. Usual occupation FARMING

11. Industry or business SADDLE HORSE RAISING

MOTHER { 12. Name CHARLES HEATHMAN  
13. Birthplace MO. (City, town, or county) (State or foreign country)  
14. Maiden name MARTINE HOWELL  
15. Birthplace MO. (City, town, or county) (State or foreign country)

16. (a) Informant Charles Heathman  
(b) Address HOLLIDAY, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR. 13, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation HOLLIDAY, MO. Speed-Blakely  
(d) Address Paris, Missouri

19. (a) Apr 13-1944 (Date received local registrar) (b) Otis Hedberg (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 11 year 1944 hour 6 minute 00 P. M.

21. I hereby certify that I attended the deceased from April 6, 1944, to April 11, 1944; that I last saw him alive on April 11, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Cranial Embolism Duration 7/6/44

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions 94a (Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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) \_\_\_\_\_  
(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 S. R. Turner (M.D. or other) APR 12 1944  
Address MADISON, MO. Date signed

1126

RECEIVED

District Health Officer No. 10

District File Number 5-44-858

Date Filed MAY 5 1944

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.....

*A. H. Blakey*

Licensed Embalmer No. 2614

P. O. Address Paris, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.