

Registration District No. **107**

Primary Registration District No. **5422**

1. PLACE OF DEATH:

(a) County **Dunklin**
(b) City or town **Rural Independence**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 years** (Specify whether years, months or days)
In this community **4 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Dunklin**
(c) City or town **Hamett Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **George Talmage Heath**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **489-12-8556**

4. Sex **Male** 5. Color of race **White** 6. (a) Single, widowed, married, divorced, **Married**
6. (b) Name of husband or wife **Doris Heath** 6. (c) Age of husband or wife if alive **39** years
7. Birth date of deceased **November 7 1898**
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | 45 | 6 | 14 | hr. _____ min. |

9. Birthplace **Murry City Tennessee**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business **Farming**

12. Name **George Heath**

13. Birthplace **Crockett County Tennessee**
(City, town, or county) (State or foreign country)

14. Maiden name **Lou Kates**

15. Birthplace **Crockett County Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ed Heath**

(b) Address **Rt # 1 Bragg City, Mo**

17. (a) **Removal** (b) Date thereof **3-23-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Asheley School Cem. Marry City Tenn.**

18. (e) Signature of funeral director **J. L. Herman**

(b) Address **Steele, Mrs. Box 131**

19. (a) **5/22/44** (b) **Julia Blankenship**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **21st** year **1944** hour **8** minute **30 A.M.**
21. I hereby certify that I attended the deceased from **on May 20** 19**44** to **20** 19**44**,
that I last saw him alive on **May 20** 19**44**,
and that death occurred on the date and hour stated above.
Immediate cause of death **Acute Myocarditis** Duration **2-3 hrs**

Due to **acute cholecystitis + pancreatitis** **5 days**

Due to **Chronic Malaria** **unknown**

Other conditions **Chronic Nephritis unknown**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy **131 f**

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) _____
(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 **Alan N. Christiansen** (M. D. or other) **D.O.**
Address **Hamett, Missouri** Date signed **5-22-44**

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

323

RECEIVED

District Health Office No.

District File Number 644-73

Date Filed 6-8-4

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 John H. German

Licensed Embalmer No. 4355

P. O. Address Steele, Mo Box

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.