

FILED AUG 12 1944

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

25413

State File No.

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 263

1. PLACE OF DEATH:
 (a) County Pettis
 (b) City or town Sedalia
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Bothwell Hospital
 (If not in hospital or institution, write street number or location) 0
 (d) Length of stay: In hospital or institution 1 day
 In this community Life
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME Ernest A. Heck
 3. (b) If veteran, name war World War # 1.
 3. (c) Social Security No. _____

0 Male
 4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive 1888 years
 7. Birth date of deceased: Jan. 9
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 6 22 hr. min.

9. Birthplace: Sedalia Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer & Dairyman

11. Industry or business _____

MOTHER FATHER {
 12. Name James A. Heck
 13. Birthplace Shelbyville, Indiana
 (City, town, or county) (State or foreign country)
 14. Maiden name Christina Logan
 15. Birthplace Bates Co., Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Opa Heck
 (b) Address Sedalia, Missouri

17. (a) Burial (b) Date thereof 8/1/44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Gillespie Funeral Home
 (b) Address Sedalia

19. (a) 8-1-44 (b) Anna Anna Berger
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pettis 80
 (c) City or town Sedalia (Rural) 0
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. Route # 6. (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31
 year 1944 hour 1 minute 09 am.

21. I hereby certify that I attended the deceased from July 27 1944 to July 31 1944
 that I last saw him alive on July 30 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death: General Peritonitis 3ds.

Due to Perforation of Cancer of Bladder

Other conditions: _____
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations: _____
 Of autopsy: _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(c) 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 0

23. Signature J. W. Boger (M. D. or other) MD
 Address Sedalia, Mo Date signed 7/31/44

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

50
6
4

FEB 4 1946

RECEIVED
District Health Officer No. 8
District File Number 8-10-4

FILE 21243

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.....

Licensed Embalmer No. 3868

P. O. Address. Sebalia

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.