

S. No. 2  
M-2-43  
5-17-39  
X35637

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34759**

FILED NOV 13 1944  
Registration District No. **209**

Primary Registration District No. **3043**

Registrar's No. **279**

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

**1. PLACE OF DEATH:**  
 (a) County Monroe  
 (b) City or town Hammond Mo  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
210 Hill  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution no  
(Specify whether  
 In this community 1 - Month  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Monroe **64**  
 (c) City or town Hammond mo. **3**  
(If outside city or town limits, write "RURAL") **4**  
 (d) Street No. 210 Hill  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country no. **0**

**3. (a) PRINT FULL NAME** Samuel Heskett  
 (b) If veteran, name war no  
 (c) Social Security No. 492-24-2011

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Sept. day 10  
 year 1944 hour 6 minute 10 a.m.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married  
 7. Birth date of deceased: Feb. 15 1878  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 9 1944 to Sept 10 1944  
 that I last saw him alive on Sept 9 1944  
 and that death occurred on the date and hour stated above.

**8. AGE:** Years 66 Months 6 Days 26  
 If less than one day hr. min.

Immediate cause of death Intestinal obstructions Dysentery  
or obstruction probably 2 days  
due to perforation of colon which  
Due to perforation of colon which  
striking abdomen - Peritonitis  
 Due following - 15

9. Birthplace: Ill 1  
(City, town, or county) (State or foreign country)

Other conditions: 195  
(Include pregnancy within 3 months of death)

10. Usual occupation Labor aty

Major findings: 195  
(Of operations)

11. Industry or business Monroe Steel Factory

12. Name George Heskett

Of autopsy: Yes - free blood & clots  
Peritoneal cavity - perforation of ileum  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

13. Birthplace Ohio 1  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Wilson

15. Birthplace Ohio 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Etha Shorts

17. (a) Rural (b) Date thereof Dec 12 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Garret E. Swan

19. (a) 9-11-44 (b) R. W. Connor  
(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) Accident **119**

(b) Date of occurrence Sept 8 1944

(c) Where did injury occur? Hammond Monroe Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
in industrial place - Hammett Co.  
(Specify type of place) (Name of place)

While at work? Yes (e) Means of injury Hammett Co Board

23. Signature Blair Miller (M.D. or other) MD  
 Address Hammond Mo Date signed 9/10/44

**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: George J. Givan

Licensed Embalmer No. # 1754

P. O. Address Hammock, Fla.

**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.**