

FILED NOV 22 1944

Primary Registration District No. **3008**

Registrar's No. **348**

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

14
1
2

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution: State Hosp # 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution time 10-20-32
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Shelby

(c) City or town Clarence
(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 _____

3. (a) PRINT FULL NAME Ernest W. Heyman Jr

(b) If veteran, name war _____

(c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1st year 1944 hour 9 minute AM

21. I hereby certify that I attended the deceased from 9-26 to 10-1 1944

that I last saw him alive on 9-30 1944 and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race W

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

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: 576
(Month) (Day) (Year)

Immediate cause of death Pneumonia
subacute

Duration _____

Due to _____

Due to _____

8. AGE: Years 37 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Kansas
(City, town, or county) (State or foreign country)

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

Major findings:
Of operations _____
Of autopsy _____

Underline the cause to which death should be charged statistically.

10. Usual occupation Invalid Since High School

11. Industry or business _____

12. Name Ernest Heyman

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

14. Maiden name Clarence
(City, town, or county) (State or foreign country)

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

16. (a) Informant Record

(b) Address _____

17. (a) Burial (b) Date thereof OCT 2 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maplewood - Clarence

18. (a) Signature of funeral director E.E. Hopper

(b) Address Clarena Mo

19. (a) Oct 20 1944 (b) John M. Moulton
(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? _____

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature J. E. Sherrill (M. D. or other) _____

Address Fulton Mo Date signed 10/1/44

4260

RECEIVED
District Health Officer No. 9,

District File Number _____

Date Filed 11-17-44

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed E. E. Apper

Licensed Embalmer No. 4260

P. O. Address Bellevue

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.