

FILED AUG 27 1945

Registration District No. _____

Primary Registration District No. 6282

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

1. PLACE OF DEATH:

(a) County Douglas Wright
(b) City or town Norwood
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME John Benjamin Heard

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Artie Heard 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased April 3, 1870
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>75</u> | <u>3</u> | <u>12</u> | hr. _____ min. _____ |

9. Birthplace Olatha, Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation Farming

11. Industry or business _____

12. Name John Houston Heard

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

14. Maiden name Rachel LoAntosh

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

16. (a) Informant J. J. Heard

(b) Address Wesley, New Mexico

17. (a) Burial (b) Date thereof 7-19-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brushyknob

18. (a) Signature of funeral director Clinkingbeard Funeral H

(b) Address Iva, Missouri

19. (a) August 2-45 (b) Mrs. Chas. Crane
(Date received local register) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1945 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from July 13, 1945, to July 15, 1945, that I last saw him alive on July 14, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage of brain
Due to arteriosclerosis

Due to _____

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

Major findings: Of operations gsw
Of autopsy _____

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 J. J. Heard (M. D. or other) _____
Address Norwood, Mo. Date signed 7/18/45

BOOK 2

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..... *W.B. Hutchinson*

Licensed Embalmer No. *3431*

P. O. Address *Ana Md*

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.