

13-40
7-39
X23159

FILED NOV 10 1945 - STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 44

Primary Registration District No. 4062

Registrar's No. _____

1. PLACE OF DEATH: Caldwell
 (a) County Caldwell
 (b) City or town Council Bluffs
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State _____ (b) County _____ 13
 (c) City or town _____ 0
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. _____ 0
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME EPPA E. HEATH
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 9
 year 1945 hour 7 minute 30 AM

4. Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mary
 6. (c) Age of husband or wife if alive 59 years
 7. Birth date of deceased June 25 1956
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 10
1943, to March 9, 1945;
 that I last saw him alive on March 8, 1943
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>8</u>	<u>13</u>	hr. _____ min. _____

Immediate cause of death Myocardial Exhaustion
 Due to Senile Dementia 2 Months
 Due to arteriosclerosis

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

Other conditions (Include pregnancy within 3 months of death) _____
 97

10. Usual occupation Farmer
 11. Industry or business _____

PHYSICIAN
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 12. Name Isaac Heath
 13. Birthplace Virginia 1
 (City, town, or county) (State or foreign country)
 14. Maiden name Sarah Smith
 15. Birthplace Virginia 1
 (City, town, or county) (State or foreign country)

Major findings: _____
 Of operations _____
 Of autopsy _____

16. (a) Informant J. E. Heath
 (b) Address Council Bluffs
 17. (a) Burial (b) Date thereof 3-9-45
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Council Bluffs
 18. (a) Signature of funeral director J. E. Heath
 (b) Address Council Bluffs
 19. (a) _____ (b) _____
 (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?
 While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature Paul M. D. (M.D. or other)
 Address Paul M. D. Date signed 3-8-45

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by

....., Registered Apprentice No.

working under my personal supervision..

Signed.....

Licensed Embalmer No. 2194

P. O. Address Coville, Mo.

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:

Registration District No. 44 Primary Registration District No. 4062

1. PLACE OF DEATH:
(a) County Caldwell
(b) City or town Cougell, Mo
(c) Name of hospital or institution:
(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)

3. (a) PRINT FULL NAME Eppa E. Heath
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ days
7. Birth date of deceased June 25 (Month) (Day) (Year)

8. AGE: Years 88 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Eppa Heath

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

14. Maiden name Irma Smith

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

16. (a) Informant J. E. Heath
(b) Address Cougell, Mo

17. (a) _____ (Burial, cremation, or removal) (b) Date thereof 9-9-45 (Month) (Day) (Year)

(c) Place: burial or cremation Cougell, Mo

18. (a) Signature of funeral director C. F. Reed
(b) Address Cougell, Mo

19. (a) _____ (Date received local registrar) (b) Jan Mills (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Caldwell
(c) City or town Cougell (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar Day _____ Year 1945 Hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction

Due to senile dementia

Due to arteriosclerosis

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

Major findings: Of operations _____

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 H. Walbin, M.D. (M.D. or other)
Address Pala, Mo Date signed _____

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

MOTHER FATHER

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

33314

A