

FILED SEP 21 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 395

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 Memorial Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 months
 (Specify whether
 In this community Life
 years, months or days)

3. (a) PRINT FULL NAME Wm. Frederick Heuerman

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male () 5. Color or race White6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased March 13 1870
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
76 6 23 hr. min.9. Birthplace Cole Camp Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Firing and Teaming

11. Industry or business _____

MOTHER FATHER

12. Name Wm. Heuerman13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Mary Whymuth15. Birthplace Lake Creek Missouri
(City, town, or county) (State or foreign country)16. (a) Informant Louis C. Heuerman(b) Address Route # 2 ; Sedalia, Mo.17. (a) Burial (b) Date thereof Oct. 6, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Crown Hill Cemetery18. (a) Signature of funeral director McLaughlin Bros.(b) Address Sedalia, Missouri19. (a) 10-12-46 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

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(Licensed Embalmers' Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
 (c) City or town Sedalia
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2nd and Massachusetts
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6
year 1946 hour 7 minute 20 A. M.21. I hereby certify that I attended the deceased from May 5 1946 to Oct 6-1 1946
that I last saw him alive on Oct 5 1946
and that death occurred on the date and hour stated above.

Immediate cause of death.

Acute Carditis
Enlargement of HeartDue to Rheumatic Arthritis

Due to _____

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 J. C. Swartz Date signed 10-7-46
Address Sedalia

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

X36871

died 2:20 A.M. Oct. 6

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 10-19-46

nd

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 Tom Crary

Licensed Embalmer No. 3153

P. O. Address Sedalia

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.