

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. 60-907
State File No. _____
Registrar's No. 13

Registration District No. 137

Primary Registration District No. 5513

1. PLACE OF DEATH:

(a) County HENRY
(b) City or town Leesville
(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 10 yrs (Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME JOHN JACOB HEITZMAN
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Francis Zumbaldt HEITZMAN 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased: 12 (Month) 16 (Day) 1868 (Year)

8. AGE: Years 78 Months 1 Days 0 If less than one day _____ min.

9. Birthplace Cooper Co (City, town, or county) Miss D (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Jacob Heitzman
13. Birthplace France (City, town, or county) (State or foreign country)
14. Maiden name Mary Fueser
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Francis Heitzman
(b) Address Leesville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-47 (Month) (Day) (Year)

(c) Place: burial or cremation Shady Grove Cemetery

18. (a) Signature of funeral director Paul Wilkinson
(b) Address Clinton Mo

19. (a) 1-18-47 (Date received local registrar) (b) P. R. Kenney (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42
(c) City or town Leesville 9
(If outside city or town limits, write "RURAL") 8
(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 1 day 16
year 1947 hour 3 minute 00 P. M.

21. I hereby certify that I attended the deceased from Sept 1945 to 1-16 1947
that I last saw him alive on 1-9 1947
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral
hemorrhage thrus

Due to cerebral hemorrhage
repeatedly over past 3 yrs.

Due to hypertension

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

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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 2

23. Signature R. J. Powell (M. D. or other) Do.
Address Clinton Mo Date signed 1/18/47

12-46-2373

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Signed

Licensed Embalmer No

P. O. Address.

If this body is not embalmed, fact should be so stated above.