S. No. 2
—11-10-39
. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 29 1947

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

26553

State File No.

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 122

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Rural Washtn Twp. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hosp. No 3. 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 months (Specify whether years, months or days)

In this community Same time

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 108

(c) City or town Diamond (If outside city or town limits, write "RURAL")

(d) Street No. — (If rural, give location)

(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME William Oscar Heckmaster

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 Single

6. (b) Name of husband or wife None

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

7. Birth date of deceased Jan (Month) 9 (Day) 1903 (Year)

8. AGE: Years 44 Months 6 Days 14 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business —

FATHER
12. Name Henry Heckmaster
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Grace Massey
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records

(b) Address Nevada Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 (Month) 27 (Day) 47 (Year)

(c) Place: burial or cremation Diamond Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage, Mo.

19. (a) 7-25-47 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23 year 1947 hour 3:10 minute P. M.

21. I hereby certify that I attended the deceased from 4-23-47, 19__, to 7-23-47, 19__; that I last saw him alive on July 23-1947, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Psychosis with Luetic Meningo Encephalitis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

30 B

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 R B Lester (M. D. or other)

Address Nevada Mo Date signed 7-23-47

(Licensed Embalmer's Statement on Reverse Side)

APR 9 1948
RECEIVED
District Health Officer No. 7,
District File Number 6-47-822
Date Filed 7-2-47

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 Gene. C. Pugh

Licensed Embalmer No. 4231

P. O. Address Carthage, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.