

FILED DEC 12 1947
Registration District No. 824

Primary Registration District No. 3072

Registrar's No. 239

1. PLACE OF DEATH:
 (a) County Saline
 (b) City or town Marshall, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Putnam Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 Days
 (Specify whether
 In this community All his life
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Saline 97
 (c) City or town Slater 2
 (If outside city or town limits, write "RURAL")
 (d) Street No. 731 Rich St. 1
 (If rural, give location)
 (e) Citizen of foreign country? No 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME John Andrew Heath
 (b) If veteran, name war _____ (c) Social Security No. 489-28-3405

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 1st
 year 1947 hour 11 minute 30 P. M.

4. Sex Male 0 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Vera Heath (c) Age of husband or wife if alive 45 years
 7. Birth date of deceased April 29th, 1905
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 24, 1947, to Dec 1, 1947
 that I last saw him alive on Dec 1, 1947,
 and that death occurred on the date and hour stated above.

Immediate cause of death General Peritonitis
 Due to Ruptured appendix • Nov 24 '47

8. AGE: Years Months Days If less than one day
42 7 2 hr. _____ min.

Duration 8 days
 Due to _____
 Due to _____

9. Birthplace Saline County Missouri
 (City, town, or county) (State or foreign country)

Other conditions Blow on abdomen Nov 23 '47
 (Include pregnancy within 3 months of death)

10. Usual occupation Brakeman on railroad

11. Industry or business G-M-O, R.R. Co.

PHYSICIAN
 Major findings: Free Pus in abdominal cavity, extensive peritonitis
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

12. Name Andrew W. Heath

13. Birthplace Slateville N. Carolina
 (City, town, or county) (State or foreign country)

14. Maiden name Laura Reynolds

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

16. (a) Informant Mrs Vera Heath

(b) Address 731 Rich St., Slater, Mo.

17. (a) Burial (b) Date thereof Dec. 4, 1947
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Slater, Mo

18. (a) Signature of funeral director Campbell
 (b) Address Marshall, Mo.

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) _____ (e) Means of injury _____

19. (a) Dec 4-1947 (b) Sidney J Gray
 (Data received local registrar) (Registrar's signature)

23. Signature Richard P. Mellis (M. D. or other) MD
 Address Marshall, Mo Date signed 12/3/47

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

RECEIVED

District Health Officer No. 8.

District File Number

Date Filed

12-18-47

JAN 15 1948

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

R. W. Campbell Jr.

Licensed Embalmer No.

3469

P. O. Address

Marshall, 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.