

S. No. 2
OM-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 13 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
1982
Registrar's No. 21

Registration District No. 274

Primary Registration District No. 5926

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

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia Flat Creek Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
10 Miles South /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 26 Year 7 Month (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 80
(a) State Missouri (b) County Pettis
(c) City or town Sedalia Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 10 Miles South
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Farry Edwin Heimsoth
(b) If veteran, name war No
(c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 27
year 1948 hour 10:30 minute 2 M.
21. I hereby certify that I attended the deceased from 9:30 1/27/48, 1948, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (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: June 24th 1921
(Month) (Day) (Year)

Immediate cause of death Fat. Hemorrhage of Abdominal aorta artery Duration _____
Due to gun-shot wound in mid upper part of thoracic region
Due to _____

8. AGE: Years 26 Months 7 Days 3
If less than one day _____ hr. _____ min.

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.

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

10. Usual occupation Farmer

11. Industry or business _____
12. Name Edwin Heimsoth
13. Birthplace Pettis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Dora Kenken
15. Birthplace Pettis County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Edwin heimsoth
(b) Address Spring Fork R r D. Mo.
17. (a) Burial (b) Date thereof Jan 30 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident 80
(b) Date of occurrence 1/28/48
(c) Where did injury occur? Pettis Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Farm
While at work? no (Specify type of place) (c) Means of injury rifle 2
23. Signature H. L. Bohlander (M.D. or other) P.O.
Address 315 E. Bldg - Sedalia, Mo Date signed 1/27/48

(c) Place: burial or cremation Cole Camp Memorial
E to Eickhoff
18. (a) Signature of funeral director _____
(b) Address Cole Camp Mo
19. (a) 1/29/48 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

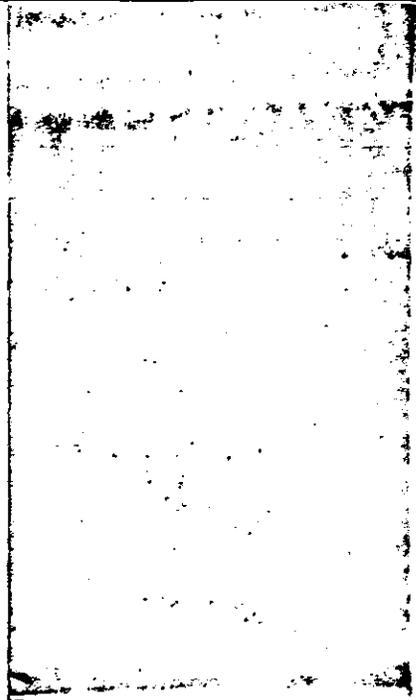
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8;

District File Number.....

Date Filed 2-11-48



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 E. L. Eickhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp Ko

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.