No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 16 1948
Registration District No. 336

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6136

State File No. 15152
Registrar's No.

1. PLACE OF DEATH:
(a) County Shannon
(b) City or town Hartshorn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community several years (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME J.H. Heironimes
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 Widowed
6. (b) Name of husband or wife ---
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased March 14, 1872 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
75	11	14	hr. min.

9. Birthplace Winchester (City, town, or county) Virginia (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name L.P. Heironimus
13. Birthplace (City, town, or county) Virginia (State or foreign country)
MOTHER
14. Maiden name Martha Hudson
15. Birthplace (City, town, or county) Virginia (State or foreign country)
16. (a) Informant
(b) Address XXXXXXXXXXXXXXX St. Louis, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/2/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Herman Cemetery
18. (a) Signature of funeral director Carl K. Spencer
(b) Address Salem, Missouri
19. (a) 3-16-48 (Date received local registrar) (b) Mabel Baker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28 year 1947 hour 8 minute A. M.
21. I hereby certify that I attended the deceased from October 15, 1947, to Feb 28, 1948; that I last saw him alive on 2-19-, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to Chronic Interstitial Nephritis
Due to Cholelythiasis
Other conditions ✓
(Include pregnancy within 3 months of death)
Major findings:
Of operations ✓
Of autopsy ✓

Duration

PHYSICIAN
Underline the cause of 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 E.A. Sadd MD (M. D. or other)
Address St. James Hospital St. James Mo Date signed 3-2-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

Date Filed _____

RE[illegible]
Dis[illegible] [illegible]cer No. 5,
District File Number 448268
Date Filed 4-13-48

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 Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, Ma

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.