S. No. 2
I—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 9 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

29294

State File No.

Registration District No. 84 Primary Registration District No. 5316 Registrar's No. 39

1. PLACE OF DEATH:
(a) County Cooper
(b) City or town Pleasant Green (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 none (Specify whether
In this community 72 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cooper 27
(c) City or town Pleasant Green (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 William-Franklin-Heim
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nancy Heim
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased July (Month) 16 (Day) 1876 (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	2	9	— hr. — min.

9. Birthplace Blackwater (City, town, or county) Mo (State or foreign country)
10. Usual occupation School Teacher & Farmer
11. Industry or business Same
FATHER
12. Name Smith Francis Heim
13. Birthplace unknown (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name Catherine Oak
15. Birthplace unknown (City, town, or county) Mo (State or foreign country)
16. (a) Informant Catherine Greer
(b) Address Pleasant Green
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation near Blackwater Mo
18. (a) Signature of funeral director Hayo & Jamieson
(b) Address Pilot Grove Mo
19. (a) 9-27-48 (Date received local registrar) (b) Nellie Mullett (Registrar's signature) 77

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 25 year 1948 hour 2:40 minute P M.
21. I hereby certify that I attended the deceased from November, 1947, to September 25, 1948, that I last saw him alive on Sept. 25, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ① Cardiac failure	
Due to ① Carcinoma liver ② Malnutrition ③ Mitral heart disease & decompensation	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy
46F

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 E. T. Humphreys (M. D. or other) M.D.
Address Pilot Grove, Mo Date signed 9/25/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-8-48

OCT 14 194

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, [redacted] Peyton E. Hays, Registered Apprentice No. , working under my personal supervision.

Signed Peyton E. Hays

Licensed Embalmer No. 3074

P. O. Address Pilot Grove, 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.