No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30631

FILED OCT 15 1948

Registration District No. 78

Primary Registration District No. 3054

Registrar's No. 166

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

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Louisiana Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pike County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days D (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County MONROE 69
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #1, PARIS 1
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME FRANK STEELE HEATHMAN
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 MARRIED
6. (b) Name of husband or wife RUTH HEATHMAN
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased SEPT. (Month) 1st (Day) 1898 (Year)

8. AGE: Years 50 | Months 1 | Days 1 | If less than one day ..... hr. ..... min.

9. Birthplace MONROE CO. (City, town, or county) MO. (State or foreign country) 11
10. Usual occupation FARMER
11. Industry or business
FATHER
12. Name SIDNEY HEATHMAN
13. Birthplace MONROE CO. (City, town, or county) MO (State or foreign country)
MOTHER
14. Maiden name CORA PARRISH
15. Birthplace (City, town, or county) KY (State or foreign country)
16. (a) Informant SIDNEY HEATHMAN
(b) Address PARIS, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10-10-48 (Month) (Day) (Year)
(c) Place: burial or cremation WALNUT GROVE PARIS
18. (a) Signature of funeral director Speed & Blaking
(b) Address PARIS, MO.
19. (a) 10/9/48 (Date received local registrar) (b) Bernice Collins (Registrar's signature) 374

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7 year 1948 hour Ten minute 50 P.M.
21. I hereby certify that I attended the deceased from 10-4-48, 19..., to 10-7-48, 19..., that I last saw h. 17 alive on 10-7, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Broncho-pneumonia

Due to: Crushing injury to Chest & Head

Due to:

Other conditions: Cor. accident
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

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) Cor accident
(b) Date of occurrence Oct 4, 1948
(c) Where did injury occur? (City or town) Pike (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? U S Highway #61 (Specify type of place)
While at work? No (e) Means of injury 0
23. Signature [signature] (M. D. ~~or other~~)
Address Louisiana Mo Date signed 10-8-48

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

Ken off Roadgrass

RECEIVED
District Health Center
District File Number 10-48-12
Date Filed OCT 14 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 A. L. Blakey

Licensed Embalmer No. 2614

P. O. Address Paris, Missouri.

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.