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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED OCT 19 1948

Registration District No. 37

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3023

State File No. \_\_\_\_\_

Registrar's No. 271

32697

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Clinton General Hospital  
(If not in hospital or institution, write street number & location)

(d) Length of stay: In hospital or institution 3 days  
(Specify whether years, months or days)

In this community all his life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

(c) City or town Clinton Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. R #1  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME HARRY HECKART

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 11  
year 1948 hour 7 minute 30 P M.

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Bertha Heckart

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased: Sept 13 1889  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct. 9, 1948, to Oct 11, 1948; that I last saw him alive on Oct. 11, 1948 and that death occurred on the date and hour stated above.

8. AGE: Years 59 Months 0 Days 18  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Hemiplegia, left

Due to Cerebral hemorrhage

Due to \_\_\_\_\_

9. Birthplace Henry Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Other conditions none  
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name James B. Heckart

13. Birthplace Ill  
(City, town, or county) (State or foreign country)

14. Maiden name Sabina Fowler

15. Birthplace Henry Co Mo  
(City, town, or county) (State or foreign country)

Major findings: Of operations none

Of autopsy no

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Bertha Heckart

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 10-13-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cem

18. (a) Signature of funeral director Donald Beck

(b) Address Clinton Mo

19. (a) 10-13-48 (b) R. N. Kenney  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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 S. B. Hughes (M. D. or other no)  
Address Clinton, Mo. Date signed 10/12/48

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

RECEIVED

District Health Officer No. 7,

District File Number 9-48-1214

Date Filed 10-18-48

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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.....

Eugene R. Consalus....., Registered Apprentice No. 281  
working under my personal supervision.

Signed J E Consalus.....

Licensed Embalmer No. 1891.....

P. O. Address Center.....

**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.**