

FILED NOV 9 1948
National Office of Vital Statistics

Registration District No. 254

Primary Registration District No. 3072

1. PLACE OF DEATH:

(a) County **Saline**
(b) City or town **Marshall, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **354 West Vest**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **54 Years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **William B. Heuman**

3. (b) If veteran, name war

3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Adelia Siefker Heuman** 6. (c) Age of husband or wife if alive **74** years
7. Birth date of deceased **November 9th, 1861**
(Month) (Day) (Year)

8. AGE: Years **86** Months **11** Days **18** If less than one day hr. min.

9. Birthplace **Femmesage, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired farmer**

11. Industry or business

12. Name **Henry Heuman**

13. Birthplace **Dont Know, Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Dorothea Drier**

15. Birthplace **St. Charles County, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Martha Lawless**

(b) Address **354 W. Vest, Marshall, Mo.**

17. (a) **Burial** (b) Date thereof **Oct. 29, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Arrow Rock, Mo.**

18. (a) Signature of funeral director **Campbell-Rene**

(b) Address **Marshall, Mo.**

19. (a) **Oct 28-1948** (b) **Sidney T. Gray**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Saline**
(c) City or town **Marshall**
(If outside city or town limits, write "RURAL")
(d) Street No. **354 West Vest**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **27**
year **1948** hour **2** minute **30** A.M.

21. I hereby certify that I attended the deceased from **Oct. 20, 1948** to **Oct. 26, 1948**
that I last saw ~~him~~ **her** alive on **Oct. 26, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral bleed of the

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy **no**

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

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?

While at work? (Specify type of place)

(e) Means of injury

23. Signature **M. Lawless** (M. D. or other)

Address **Marshall Mo.** Date signed **10-27-48**

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 11-8-48

NOV 12 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 _____

James H. Lewis Jr.

Registered Apprentice No. 263

working under my personal supervision.

Signed

W. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall 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.