

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30313**
3671

FILED SEP 17 1949

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City, Missouri		c. LENGTH OF STAY (in this place) 2 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION Osteopathic Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Fort Osage Township	
		d. STREET ADDRESS (If rural, give location) none	

3. NAME OF DECEASED (Type or Print) a. (First) Herman b. (Middle) Henry c. (Last) Heman	4. DATE OF DEATH (Month) (Day) (Year) Aug. 25, 1949
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH March 8, 1874	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming	10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (State or foreign country) Femme Osage, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Rudolph Heman	13b. MOTHER'S MAIDEN NAME Katherine Hinnah	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) XXXX	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Emil Heman, Sibley, Mo. Rt. 1	ADDRESS 1
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture of Left Leg DUE TO (c) Injury By Fall.		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E912		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Reputy Coroner	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE Accident	21b. PLACE OF INJURY (e.g., for about home, farm, factory, street, office bldg., etc.) Farm	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jessy Jackson Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8 25 49 m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell from mower
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. E. Upsher	23b. ADDRESS 2800 main	23c. DATE SIGNED 8/26/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/27/49	24c. NAME OF CEMETERY OR CREMATORY Levasy Cemetery	24d. LOCATION (City, town, or county) (State) Levasy, Missouri
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DATE REC'D BY LOCAL REG. 8-26-49	REGISTRAR'S SIGNATURE Geraldine Heman	25. FUNERAL DIRECTOR'S SIGNATURE Herman M. Lambert - Levasy, Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

No. 300
10-48
WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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 _____

..... Student Embalmer No.

working under my personal supervision.

Signed.....
Student Embalmer

Signed Charles E. Mayfield

Licensed Embalmer No. ~~102~~ 4638

P. O. Address Buckner, Missouri KC

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.