

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

REGISTRATION DISTRICT NO. 351

PRIMARY REGISTRATION DISTRICT NO. 4208

REGISTRAR'S NO. 11

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Deepwater
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no
In this community 50 yrs
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Deepwater
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME

HENRY HEARN 65D

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 _____

6. (b) Name of husband or wife wife Bessie Hearn

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Sept 16 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>6</u>	<u>26</u>	hr. _____ min. _____

9. Birthplace Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Farmland agent

11. Industry or business _____

12. Name Jonathan Hearn
18. Birthplace Maryland
(City, town, or county) (State or foreign country)

14. Maiden name Bessie Hearn
15. Birthplace Maryland
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Bessie Hearn
(b) Address Deepwater, Mo

17. (a) Burial (b) Date thereof 6-18-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation At Oxningham

18. (a) Signature of funeral director Tom Hearn
(b) Address Deepwater, Mo
19. (a) 6-12-40 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 1940 hour 6:30 minute _____ AM/PM

21. I hereby certify that I attended the deceased from Jan 31
1936 to June 12 1940
that I last saw him alive on June 12 at 12:00 PM 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Myocarditis
Angina Pectoris
Due to Senility

Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

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? _____

While at work? 3:15 (Specify type of place) (e) Means of injury _____
23. Signature W. J. Russell (M. D. or other) _____
Address Deepwater Date signed 6-12-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 7,

District File Number 8-40-1182

Date Filed 8-12-40

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.