

FILED OCT 28 1947

Registration District No. 137

Primary Registration District No. 5503

Registrar's No. 222

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:
BETHLEHEM TWP.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE
(Specify whether
In this community 65 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Henry 42
(c) City or town Clinton Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Bethlehem Twp.
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MIKE HEARNS
(b) If veteran, name war NONE
(c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 21
year 1947 hour 9:15 minute P. M.

4. Sex MALE 5. Color or race White
6. (a) Name of husband or wife ELVA TANNER HEARNS
6. (c) Age of husband or wife if 63 years
7. Birth date of deceased MARCH 18, 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 30 1947 to Oct. 21 1947
that I last saw him alive on Oct. 16 1947
and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 7 Days 3
If less than one day hr. min.

Immediate cause of death Pulmonary abscess, right Duration 2 mo.
Due to Pneumonitis 5 mo
Due to

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

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

10. Usual occupation FARMER

Major findings: Of operations none 3 3/4
Of autopsy none
PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business
12. Name EDWARD HEARNS
13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)
14. Maiden name ELIZABETH TRUSSELL
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mike Hearns
(b) Address Clinton, Mo. P.M. 6

17. (a) BURIAL (b) Date thereof 10-23-47
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence no
(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?

(c) Place: burial or cremation ENGLEWOOD CEMETERY
18. (a) Signature of funeral director H. A. Vassant
(b) Address Clinton, Mo.

(Specify type of place)
While at work? (c) Means of injury no

19. (a) Oct 23-47 (b) R. B. Kenney
(Date received local registrar) (Registrar's signature)

23. Signature R. B. Kenney (M. D. or other) M.D.
Address Clinton, Mo. Date signed 10/21/47

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

RECEIVED
Division Health Officer No. 71
10-27-47
9-47-135-6

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..... *H. A. Cassant*

Licensed Embalmer No. *3779*

P. O. Address..... *Chilton*

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.