

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10049

State File No. _____

FILED APR 5 1943
Registration District No. 218

Primary Registration District No. 3017

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Boonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 315 Eighth Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 18 Years. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Adolph Heying

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 10, 1863
(Month) (Day) (Year)

8. AGE: Years 79 Months 5 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Montgomery County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Lumber-man

11. Industry or business _____

12. Name Franz Heying

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

14. Maiden name Hendrina Struthman

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Barbara # Travers

(b) Address 315 8th St. Boonville, Mo.

17. (a) Burial (b) Date thereof Mch. 24, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Burial or cremation SS. Peter & Paul

18. (a) Signature of funeral director L. J. Meister

(b) Address Boonville, Missouri

19. (a) March 13 1943 (b) Dr Chas. Swap
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper
(c) City or town Boonville
(If outside city or town limits, write "RURAL")
(d) Street No. 315 8th Street
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21st year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from April 11, 1941 to March 17, 1943
that I last saw him alive on March 17 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Cerebral accident 2 months

Due to Hypertension years

Due to Arteriosclerosis years

Other conditions Chronic Myocarditis years
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to 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 _____

(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? _____ (Specify type of place)

(c) Means of injury D

23. Signature Geo. W. Blankenship M.D. (M.D. or other)

Address Boonville Mo Date signed 3-23-43

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

AUG 9 1943

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-2-43

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. 1399

P. O. Address Highway 100

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.