

SEARCHED APR 11 1941
Registration District No. 593MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 11442
5

Primary Registration District No. 4351

Registrar's No.

1. PLACE OF DEATH:

(a) County Montgomery
 (b) City or town New Florence
 (c) Name of hospital or institution: New Florence Missouri
 (d) Length of stay: In hospital or institution _____

In this community 28 years (Specify whether
years, months or days)3. (a) PRINT
FULL NAME OTTO HEYING

3. (b) If veteran, name war _____

3. (c) Social Security No. None4. Sex Male 5. Color or race White6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Maynas 6. (c) Age of husband or wife if alive 67 years7. Birth date of deceased Feb. 6 (Month) 1869 (Year)8. AGE: Years 72 Months 1 Days 1 If less than one day hr. _____ min. _____9. Birthplace Rhinelander (City, town, or county) Missouri (State or foreign country)10. Usual occupation Lumber Merchant11. Industry or business Lumber Yard12. Name Ressard Heying13. Birthplace Germany (City, town, or county) Germany (State or foreign country)14. Maiden name Aelia Stettman15. Birthplace Germany (City, town, or county) Germany (State or foreign country)16. (a) Informant Maryette Heying
(b) Address New Florence Missouri17. (a) Burial (b) Date thereof March 9 1941
(Burial, cremation, or removal) (Month) (Day) (Year)18. (a) Signature of funeral director C. C. Sodder
(b) Address Montgomery City Mo.19. (a) 3-13-41 (b) James O. Helm M.D. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery(c) City or town New Florence (If outside city or town limits, write "RURAL")(d) Street No. 0 (If rural, give location)(e) If foreign born, how long in U. S. A.? years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7
year 1941 hour 4 minute 30 A. M.21. I hereby certify that I attended the deceased from Feb 271941 to Mar. 7, 1941;
that I last saw him alive on Feb 27 March 6 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death

Bronchitis pneumonia Duration 3 daysDue to Arterio-Sclerotic NephritisDue to Acute prostatitisOther conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations

Of autopsy

PHYSICIAN 13/0Underline 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)

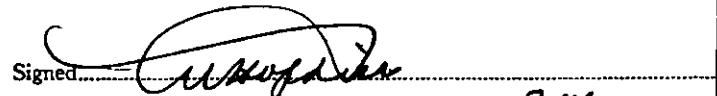
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

523 (Specify type of place)
While at work? (e) Means of injury23. Signature James O. Helm (M. D. or other) 11
Address New Florence Mo. Date signed 3-13-41

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, ~~on the~~ on the
7th day March 1941, Registered Apprentice No.
working under my personal supervision.

Signed.....



Licensed Embalmer No. 1484

P. O. Address Montgomery City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply
the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.