

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

11442  
5

APR 11 1941

Registration District No. 593

Primary Registration District No. 4351

Registrar's No.

1. PLACE OF DEATH:

(a) County Montgomery  
(b) City or town New Florence  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
New Florence Mission  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 28 years (Specify whether years, months or days) 1

3. (a) PRINT FULL NAME OTTO HEYING

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 Married  
6. (b) Name of husband or wife Mayra Heying 6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased Feb. 6 1869 (Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 1 If less than one day hr. min.

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

10. Usual occupation Lumber Merchant

11. Industry or business Lumber Yard

12. Name Bernard Heying  
13. Birthplace Germany (City, town, or county) (State or foreign country)  
14. Maiden name Alma Stittmann  
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Manette Heying

(b) Address New Florence Missouri

17. (a) Burial (b) Date thereof March 9 1941 (Month) (Day) (Year)

(c) Place: burial or cremation New Florence Mo.

18. (a) Signature of funeral director C. W. H. H. H.

(b) Address Montgomery City Mo.

19. (a) 3-15-41 (Date received local registrar) (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 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb 27 1941 to Mar 7 1941; that I last saw him alive on Mar 6 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia Duration 3 days

Due to Arterio-Sclerotic nephritis

Due to Acute prostatitis 14 days

Other conditions (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? \_\_\_\_\_

523 (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature James O. Helm (M. D. or other) 11  
Address New Florence Mo. Date signed 3-15-41

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  
30th day March 1941, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 1487

P. O. Address \_\_\_\_\_

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.