

5. No. 2
-1-4-41
5-17-39
21 X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24165

State File No. _____

FILED AUG 17 1942
237

Registration District No. _____ Primary Registration District No. 5316

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Boonville

(b) City or town Catoctis - Mo.

(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 _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Thomas Lloyd Heaney

3. (b) If veteran, name war _____ 3. (c) Social Security No. 459-26-0186

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased August 23 - 1905
(Month) (Day) (Year)

8. AGE: Years 36 Months 8 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Milwaukee Wis 1
(City, town, or county) (State or foreign country)

10. Usual occupation General Worker

11. Industry or business _____

12. Name William S. Heaney

13. Birthplace Milwaukee Wis 1
(City, town, or county) (State or foreign country)

14. Maiden name Julia Ryan

15. Birthplace Milwaukee Wis 1
(City, town, or county) (State or foreign country)

16. (a) Informant William Heaney

(b) Address 752 So. 26 St. Milwaukee Mo

17. (a) _____ (b) Date thereof 8-2-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stuebille Cemetery

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

(b) Address Stuebille Mo

19. (a) 7-7-42 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County 28

(c) City or town _____ (If outside city or town limits, write "RURAL") _____

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 31st
year 1941 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;

that I last saw h _____ alive on _____ 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Injuries Received in Automobile Accident on Highway Number 8. - About 18 Miles East of Stuebille Missouri Caused by Blow out Tire

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: _____
Of operations _____

Of autopsy _____

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 August 31 - 1941

(c) Where did injury occur? on Highway in Boonville
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on Public Highway
(Specify type of place) (e) Means of injury Skull Fracture

While at work? _____

23. Signature L. J. Jones (M. D. or other) _____
Address Stuebille Mo Date signed 9/23-41

RECEIVED

District Health Officer No. 5,

District File Number 7425-06

Date Filed 8-10-42

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 me

not Embalmed, Registered Apprentice No. _____
working under my personal supervision.

Signed Roy M Jones
Licensed Embalmer No. 3628
P. O. Address Steubenville MD

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.