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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18189

State File No.

ED JUN 11 1943

Registration District No. 962 Primary Registration District No. 4251 Registrar's No. 22

1. PLACE OF DEATH Jefferson
(a) County UNKNOWN, FOUND IN MISSISSIPPI
(b) City or town RIVER NEAR KIMMSWICK MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 1 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 50
(a) State UNKNOWN (b) County 0
(c) City or town UNKNOWN 0
(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 0

3. (a) PRINT FULL NAME UNKNOWN WHITE MALE

3. (b) If veteran, name war UNKNOWN

3. (c) Social Security No. UNKNOWN

4. Sex M.

5. Color or race W.

6. (a) Single, widowed, married, divorced ? 9

6. (b) Name of husband or wife - - - - - -

6. (c) Age of husband or wife if alive - - - years

7. Birth date of deceased UNKNOWN (Month) (Day) (Year)

8. AGE: Years ABOUT 60 | Months | Days | If less than one day hr. min.

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

10. Usual occupation UNKNOWN

11. Industry or business ''

FATHER
12. Name UNKNOWN
13. Birthplace '' (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace '' (City, town, or county) 9 (State or foreign country)

16. (a) Informant HEILIGTAG FUNERAL HOME
(b) Address KIMMSWICK MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 24, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation BURGESS CEM. ANTONIA MO.

18. (a) Signature of funeral director HEILIGTAG FUNERAL HOME
(b) Address KIMMSWICK MO.

19. (a) 5/24/43 (Date received local registrar) (b) C H Clement (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1943 hour minute 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.

	Duration
Immediate cause of death Inquest Held 5/22/43	2 Pm
Due to Jury Verdict	
Due to Drowning in	
Other conditions Mississippi River	

(Include pregnancy within 3 months of death)

Major findings:
Of operations 1833
Of autopsy 26

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) 050
(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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature C H Clement J. P. Acting Cor (M. D. or other)
Address Kimmswick Date signed 5/24/43

(Licensed Embalmer's Statement on Reverse Side)

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 NOT EMBALMED, Registered Apprentice No. ....., working under my personal supervision.

Signed Elmer Heiligtag

Licensed Embalmer No. 3571

P. O. Address Kimmswick MO

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.