

WRITE PLAINLY, WITH UNFADING INK--- THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 11 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7911
Do not use this space.

1. PLACE OF DEATH ² Ray

(a) County Ray Registration District No. 749

(b) Township Richmond (1) Primary Registration District No. 3035

(c) City Richmond (d) Street No. _____ St. _____

(e) Length of residence in city or town where death occurred _____ yrs. mos. da. (f) How long in U. S., if of foreign birth? _____ yrs. mos. da.

(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME William Heasley Sr.

(a) Residence, No. _____ St. (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ms Nellie Heasley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14 - 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

71 10 14

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co. Missouri

FATHER

13. NAME Fletcher Heasley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER

15. MAIDEN NAME Nellie Russell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT William Heasley Sr.
(ADDRESS) Exclusion Springs Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunny Slope DATE 12-30 1939

19. FUNERAL DIRECTOR (NAME) A. W. Mansur
(ADDRESS) Richmond Mo.

20. FILED Male 1940 Malcol Jackson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 28 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20 1939 to Dec 28 1939

I last saw him alive on Dec 27 1939. Death is said to have occurred on the date stated above, at 7 A.m.

The principal cause of death and related causes of importance were as follows:

Bilateral Lobar Pneumonia Date of onset 12-16-39

Other contributory causes of importance: 10

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Geo Gaines M. D.

(Address) Richmond Mo.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3/19/40

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.....

A. W. Mausur, Registered Apprentice No.....
working under my personal supervision.

Signed *A. W. Mausur*

Licensed Embalmer No. *1317*

P. O. Address *Piedmont, 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, above space should be left blank.