

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

36710
Do not use this space.

1. PLACE OF DEATH
 (a) County Moniteau ² Registration District No. 591
 (b) Township Walker ¹ Primary Registration District No. 4335 Registered No. 53
 (c) City Jamestown, Mo. (d) Street No. 2066 St.
 (e) Length of residence in city or town where death occurred 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jack Heather
 (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 Debbie Heather

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 13. 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 10 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farm Hand
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 8. MO 11. Total time (years) spent in this occupation 45 Yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau Co MO

FATHER 13. NAME Hill Heather

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

MOTHER 15. MAIDEN NAME Marddia Thompson

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

17. INFORMANT Marie Allen
 (ADDRESS) Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Shilo Cemt DATE Oct 18 1939

19. FUNERAL DIRECTOR (NAME) Bowlin Funeral Home
 (ADDRESS) California, Mo.

20. FILED 10-18- 1939 H.R. Poppey 504
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-17 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 3 1939, to Oct 17 1939
 I last saw him alive on Oct 17 1939 Death is said to have occurred on the date stated above, at 12:45 PM.
 The principal cause of death and related causes of importance were as follows:

Encephalitis, cause unknown, probably from being overheated
 Date of onset 12/20
 Other contributory causes of importance: Enterocolitis, cause unknown, duration about 2 months.

Name of operation None Date of _____
 What test confirmed diagnosis? _____ 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? _____
 If so, specify _____
 (Signed) L. L. Latham M.D.
 (Address) California, Mo

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 24 1939

DEC 16 1948

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Earl R. Boulton

Licensed Embalmer No. 2126

P. O. Address California

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.