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.

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

Do not use this space.

1271

1. PLACE OF DEATH
County Jackson — Registration District No. — File No. 262
Township Kaw — Primary Registration District No. — Registered No.
City K. C. Mo (No. 2055 Holmes St. Ward)

2. FULL NAME Howard E. Heppler
(a) Residence. No. 2055 Holmes St., 3 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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: Myrtle Heppler

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec-6-1907

7. AGE: 22 YEARS, 1 MONTHS, 12 DAYS. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Elevator Operator
(b) General nature of industry, business, or establishment in which employed (or employer): K.C. Gen. Hosp
(c) Name of employer

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9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): K. C. Mo

1

PARENTS

10. NAME OF FATHER: John Heppler
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): K. C. Mo
12. MAIDEN NAME OF MOTHER: Minnie Woody
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Arkansas

2

14. INFORMANT: Mr. John Heppler
(Address) 2055 Holmes

15. FILED Jan 20, 1930 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 18 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1930, to Jan 18, 1930, that I last saw him alive on Jan 18, 1930, and that death occurred, on the date stated above, at 3-45- P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Cardiac dilatation

108
95B

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Lobar Pneumonia

(duration) 0 yrs. 0 mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 101A
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical + Laboratory

(Signed) J Harvey Jennett, M. D
1-19, 1930 (Address) 1125 Rialto Bldg K.C. Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Forest Hill Cem.
DATE OF BURIAL: Jan-21 1930

20. UNDERTAKER: A. P. Doehler
ADDRESS: 1415 E 25