

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.

26 Feb 3
 7:30-9:30
 2855 Southeast Blvd.

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

Do not use this space **5743**

695

1. PLACE OF DEATH

48 County Jackson Registration District No. _____
 Township _____ Primary Registration District No. _____
 10 City Kansas City (No. 4312 Fairmount St. _____ Ward)

2. FULL NAME Mrs. Carrie Heiling

(a) Residence, No. 4312 Fairmount St. _____ Ward. _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Mr. Frank J. Heiling

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 23, 1891

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	41	5	17 18	

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

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

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) Illinois

13. NAME Herman Kuse

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

15. MAIDEN NAME Minnie Openhaus

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

17. INFORMANT (ADDRESS) Mr. F. J. Heiling
4312 Fairmount

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Feb. 11 1933

19. UNDERTAKER (ADDRESS) Gates Funeral Home
Kansas City, Kansas

20. FILED 211 1933 M. M. Gagne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1933 to Feb 10, 1933
 I last saw her alive on Feb 9, 1933. Death is said to have occurred on the date stated above, at _____ m.

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

Chronic myocarditis
Chronic endocarditis
Chronic tubercle nephritis
 Date of onset years ago
years ago

Name of operation none Date of _____
 What test confirmed diagnosis? clinical findings 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) L. J. [Signature] M. D.
 (Address) 1055 1/2 So. West Blvd. Kansas City, Mo.
2/10/33

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