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.

JAN 17 1938

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

Do not use this space.

44045

File No.

Registered No. 4948

1. PLACE OF DEATH

County Jackson — Registration District No. 399 b

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. General Hospital St. Ward)

2. FULL NAME Joseph Heisig

(a) Residence, No. 5011 Roe Blvd. St., Ward. Johnson Co Kans
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Louise Heisig

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 7 1905

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	32	11	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck driver 1

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

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) Germany 10

FATHER

13. NAME Franz Heisig 10

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER

15. MAIDEN NAME Marie Heisig

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

17. INFORMANT (ADDRESS) Mrs. Louise Heisig 5011 Roe Bldv.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Marys Cem. DATE 12-10-37, 19

19. UNDERTAKER (ADDRESS) Quirk & Tobin Co. Kansas City, Mo.

20. FILED Dec 9, 1937 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/7/37, 19

22. I HEREBY CERTIFY, That I attended deceased from Crow, 19, to, 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 4 P m.

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

Fracture of the skull — Date of onset

Automobile Traumatism

210 5-1

Other contributory causes of importance:

Name of operation Autopsy Date of Yes

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12/7/37, 19

Where did injury occur? 5th & Baltimore Kans (Specify city or town, county, and State)

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

Manner of injury Fell from a truck.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify

(Signed) [signature], M. D.

(Address) [signature]