REC'D JUN 9 1938

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

17271
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson — Registration District No. 399
(b) Township Kaw — Primary Registration District No. 1002 — Registered No. 1968
(c) City Kansas City — (d) Street No. 4033 Oak St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frank J. Heyrman 655
(a) Residence, No. 4033 Oak St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: Catherine Heyrman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 27, 1865
7. AGE — YEARS: 62 — MONTHS: 11 — DAYS: 14 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Salesman
9. Industry or business in which work was done, as saw mill, bank, etc.: Shumann Label 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): Green Bay, Wis.

FATHER
13. NAME: Joseph Heyrman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Holland

MOTHER
15. MAIDEN NAME: Elizabeth Van Duron
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Belgium

17. INFORMANT (ADDRESS): Mrs. Catherine Heyrman, 4033 Oak

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE May 14th, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Quirk & Tobin Co., Kansas City, Mo.

20. FILED May 12, 1938 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.....
I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3:50 a.m.
The principal cause of death and related causes of importance were as follows:

Deputy Coroner

	Date of onset
Coronary sclerosis	
Chronic diffuse myocardial fibrosis	
Other contributory causes of importance: 93c	

Name of operation ..... 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? ..... 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) Fulton H. Rubin, M. D.
(Address) Gen Hosp, K.C. Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

X14028

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.....

Licensed Embalmer No.....

P. O. Address.....

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.