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

REC'D APR 17 1939

9522
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. 1128

(c) City Kansas City — (d) Street No. 558 Main St. 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 140 Alvin A. HEFFLY.

(a) Residence, No. 558 Main St. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Unknown

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
Approx - 75	—	—	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Coroner Kansas City. Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawn DATE 3-13-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mellody-McGilley. K. C. Mo.

20. FILED Mch 13, 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-19-39

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.....
I last saw him alive on Corona, 19..... Death is said to have occurred on the date stated above, at 11:15 a.m.
The principal cause of death and related causes of importance were as follows:

Deputy

Coronary sclerosis
Acute pulmonary edema & congestion

Date of onset

Other contributory causes of importance: 94B

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

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? 4
If so, specify .....
(Signed) [signature], M. D.
(Address) Gen Hosp; K.C. Mo

(Licensed Embalmer's Statement on Reverse Side)

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 c with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

Do not use this space.

1. PLACE OF DEATH
(a) County Jackson Registration District No.
(b) Township Kow Primary Registration District No. Registered No. 1128
(c) City Kc Mo (d) Street No. 558 Main St. 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 Alvin A. Heffley
(a) Residence, No. 558 Main 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 Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Adaline Heffley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 7, 1857
7. AGE YEARS 81 MONTHS 2 DAYS 12 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berlin Penn

FATHER
13. NAME Wm Heffley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berlin Penn

MOTHER
15. MAIDEN NAME Marie Conrad
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berlin Penn

17. INFORMANT (ADDRESS) Barton W. Heffley Brother 706 S. Hill St. Los Angeles Calif.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawn DATE 2/19 1939
19. FUNERAL DIRECTOR (ADDRESS) Mellody McGilley K C Mo
20. FILED 4/17, 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/19, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.....
I last saw h..... alive on ....., 19..... 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:

	Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
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)....., M. D.
(Address).....

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FILE FOR CERTIFICATES UNTIL THEY ARE COMPLETED

S-9522