

REC'D APR 17 1939

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

9610
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson | Registration District No. 399
(b) Township 1st New | Primary Registration District No. 1002
(c) City Kansas City | (d) Street No. Wesley Hospital 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. **1216**

2. PRINT FULL NAME

(a) Residence, No. 200 Robert Hecke 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May - 7 - 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 10 13

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

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) Mo.

13. NAME Charles Hecke

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

15. MAIDEN NAME Anna E. Lambert

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. Recon

17. INFORMANT (ADDRESS) Chas. Keith
71 So. 13th R.C. Haus

18. BURIAL, CREMATION, OR REMOVAL PLACE Brunswick Mo DATE Mar 20, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. C. R. Foster
918 Brooklyn R.C. Haus

20. FILED Mar 20 1939 M. M. Browne
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1939 to Mar 20, 1939

I last saw him alive on Mar 20, 1939 Death is said to have occurred on the date stated above, at 12:00 p.m.
The principal cause of death and related causes of importance were as follows:

Terminal Pneumonia Date of onset 2-18-39

Other contributory causes of importance!
Adeno Car Carcinoma right
Lung (Benign metastasis)

Name of operation Laparotomy Date of 3-14-39

What test confirmed diagnosis? Lab. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no, 19no

Where did injury occur? no (Specify city or town, county, and State)

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

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. F. Mackey, M. D.

(Address) Professional Bldg
Kansas City, Mo

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.

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 *Theron A. Pedmon*.....

Licensed Embalmer No. *2727*.....

P. O. Address *918 Brooklyn*.....

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.