

Registration District No. 198

Primary Registration District No. 3011

Registrar's No. 112

1. PLACE OF DEATH:

(a) County Clay  
(b) City or town Excelsior Springs  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
421 Isley  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
(Specify whether  
In this community 35 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay  
(c) City or town Excelsior Springs  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 21  
year 1940 hour 12:30 minute 00 M.  
21. I hereby certify that I attended the deceased from 7-1-40  
1940, to 7-21-40 1940  
that I last saw him alive on 7-20-40 1940  
and that death occurred on the date and hour stated above.  
Immediate cause of death Heart disease

Duration  
Due to Influenza last  
January  
Due to \_\_\_\_\_  
Other conditions Old age 11/6  
(Include pregnancy within 3 months of death)  
PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy none  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Charles A. Hefner 15/6

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Annie 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Unknown  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
About 73 hr. min.

9. Birthplace Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Hauling

11. Industry or business 9

MOTHER FATHER { 12. Name Unknown 7

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs P. D. Sharp

(b) Address Excelsior Springs

17. (a) Burial (b) Date thereof July 26, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Excelsior Springs, Mo.

18. (a) Signature of funeral director Charles A. Hefner

(b) Address Excelsior Springs, Missouri

19. (a) 7-27-1940 (b) Mrs R. M. Cracken  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
150 (Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature M. G. Grue (M. D. or other) \_\_\_\_\_  
Address 108 Broadway Date signed 7-28-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
District Health Officer No. 8,  
District File Number 8-8-40  
Date Filed

**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.....

Walter Barker

, Registered Apprentice No. 228

working under my personal supervision.

Signed

Blair P. Schuyler

Licensed Embalmer No. 2751

P. O. Address Excelsior Spgs 7

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

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