

Registration District No. 399

Registration District No.

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kan City Mo  
(c) Name of hospital or institution: Reid Hotel  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 1/2  
In this community Two Months  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kan City Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 15th Broadway  
Reid Hotel  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 25 year 1940  
hour \_\_\_\_\_ minute 30 P. M.  
21. I hereby certify that I attended the deceased from 6-30 P. to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

Septic Corone  
Labar pneumonia (bilateral)  
Due to 108  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy Geo  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ Means of injury \_\_\_\_\_  
23. Signature Geo H. Miller (M. D. or other) \_\_\_\_\_  
Address H. C. Mo. Date signed \_\_\_\_\_

3. (a) PRINT FULL NAME Henry B Heeseman  
(b) If veteran, name war No (c) Social Security No. No

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elda Heeseman 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased Dec 5 1898  
(Month) (Day) (Year)

8. AGE: Years 41 Months 11 Days 20 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Public Accountant

11. Industry or business Self

12. Name Henry Heeseman

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

14. Maiden name Minnie Baile

15. Birthplace Bowgill Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Elda Heeseman

(b) Address 15th Broadway, Reid Hotel

17. (a) Removal (b) Date thereof 11-26-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Winfield, Kansas

18. (a) Signature of funeral director My Herry

(b) Address 2315 Lenox Hill

19. (a) 11-26-40 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

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

**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. 2560

P. O. Address 901 E 5th

**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.**