DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 3 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

10902

State File No.

Registration District No. 398 Primary Registration District No. 5554 Registrar's No. 69

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City, or town Independence (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 11601 Independence Ave 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48
(a) State Mo (b) County Jackson 4
(c) City or town Independence, Mo 4 (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.? 0 years.

3. (a) PRINT FULL NAME Henry Heiszler
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 Wid
6. (b) Name of husband or wife Annette Heiszler
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years about 71 | Months | Days | If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
10. Usual occupation Cab driver
11. Industry or business Retired
FATHER
12. Name Unknown 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant Mr Langdon
(b) Address Indep. Mo
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 3-11-41 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Grove
18. (a) Signature of funeral director Geo. C. Carson
(b) Address Independence, Mo.
19. (a) March 11 '41 (Date received local registrar) (b) F. L. Cook M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch day 9 year 1941 hour 5:30 minute P. M.
21. I hereby certify that I attended the deceased from 3-6- 1941, to 3-9- 1941, that I last saw him alive on 3-6- 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Vascular Renal Disease c̄ Hyper tension & Decompensation — Duration 2 or 3 years
Due to Cardio Vascular Renal disease
Due to
Other conditions Had an acute cold with Bronchial asthma (Include pregnancy within 3 months of death) — 3 or 4 days
Major findings:
Of operations 3/10
Of autopsy

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? 3/10 (Specify type of place)
While at work? (e) Means of injury

23. Signature C. H. Allen (M. D. or other) M.D.
Address Independence, Mo Date signed 3-10-41

(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 Ralph E. Miller

Licensed Embalmer No. 4124

P. O. Address Indep, Mo

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, fact should be so stated above.