No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 16 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13562

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1543

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson 48
(c) City or town K. C. Mo. 3 (If outside city or town limits, write "RURAL")
(d) Street No. Midland Hotel 8 (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME August Heisler

3. (b) If veteran, name war Unk **3. (c) Social Security No.** Unk

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

6. (b) Name of husband or wife **6. (c) Age of husband or wife if alive** years

7. Birth date of deceased July (Month) 16 (Day) 1858 (Year)

8. AGE: Years 82 Months 8 Days 26 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) 4 (State or foreign country)

10. Usual occupation Stone Mason

11. Industry or business

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mr. Kingston
(b) Address 2214 E 15th

17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 4 (Month) 18 (Day) 41 (Year)
(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Peter B Lapetina
(b) Address Kansas City Mo.

19. (a) Apr 18, 1941 (Date received local registrar) **(b)** M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION.

20. DATE OF DEATH: Month 4 day 16 year 41 hour minute M.

21. I hereby certify that I attended the deceased from Comm, 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Death by drowning

Due to

Due to 164 Pb

Other conditions (Include pregnancy within 3 months of death) 164 Pb

Major findings:
Of operations
Of autopsy Inspection

Duration

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) Suicide
(b) Date of occurrence About 4/12/41
(c) Where did injury occur? Mo River - Kansas City Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? (e) Means of injury

23. Signature C. J. Tebb (M. D. or other) 4/18/41
Address Date signed

(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 comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.