

FILLED JUN 10 1941

STANDARD CERTIFICATE OF DEATH

17359

State File No.

Registration District No. 399

Primary Registration District No. 1027

Registrar's No. 2021

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4705 E. 18th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 4705 E. 18th St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Rose Heath

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fred Heath

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased June 12 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>11</u>	<u>10</u>hr.min.

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

10. Usual occupation Housewife

11. Industry or business Same

MOTHER FATHER { 12. Name Dennis Young

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

14. Maiden name Unknown

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

16. (a) Informant Mr. Fred Heath

(b) Address 4705 E. 18th St.

17. (a) Burial (b) Date thereof 5 / 24 / 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director Rose & Henderson

(b) Address 15th & Jackson St. K.C. Mo.

19. (a) May 23 1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1941 hour 8:50 minute P. M.

21. I hereby certify that I attended the deceased from May 20-41
May 22 1941, to May 22 1941;
that I last saw her alive on May 22 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
second.

Due to Probably constitutional

Due to Stroke

Other conditions: -
(Include pregnancy within 3 months of death)

Major findings:
Of operations -

Of autopsy -

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) _____

(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)
_____ (e) Means of injury

23. Signature C. M. Hetherington (M. D. or other)

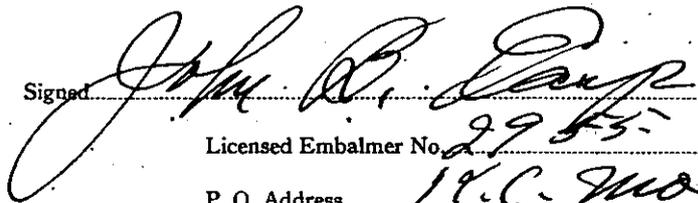
Address 1405 Waldheim Bldg Date signed 5.23.41

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. 2955.....
P. O. Address 14 C. Mo......

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, fact should be so stated above.