

S. No. 2
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5-17-39
P1 X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 20 1942

Registration District No. 400

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42111

Primary Registration District No. 5553B

Registrar's No. 191

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Jackson Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson County Home South Adams & Wilson
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution 19 mo.
In this community 53 years. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Adam Heger

3. (b) If veteran name war W 3. (c) Social Security No. No

4. Sex male 5. Color or race W 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 8 14 1880
(Month) (Day) (Year)

8. AGE: Years 61 Months 3 Days 28 If less than one day hr. min.

9. Birthplace Decatur 1888
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

12. Name John Heger

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

14. Maiden name Unknown

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

16. (a) Informant Records, Jackson County Home

(b) Address Little River Mo

17. (a) Burial (b) Date thereof 12/15/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys.

18. (a) Signature of funeral director Melody-McGilley

(b) Address K.C.Mo.

19. (a) 12-24-41 (b) Sarah E. Barne
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48
(c) City or town J.C. Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 5331 Highland Ave
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12
year 1941 hour 7 minute 42 P.M.

21. I hereby certify that I attended the deceased from 3/15 1941 to 12-12 1941
that I last saw him alive on 12/11 1941
and that death occurred on the date and hour stated above.

Immediate cause of death mitral regurgitation Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 928

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?

While at work (Specify type of place) (e) Means of injury

23. Signature J. H. Greene (M. D. or other)

Address Independence Mo Date signed 12/18-41

752 (Licensed Embalmer's Statement on Reverse Side)

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

800

100-111-1000

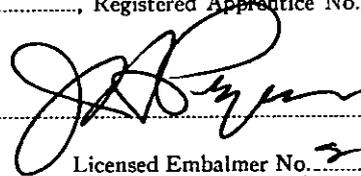
STATEMENT BY LICENSED EMBALMER

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. 2229

P. O. Address..... K.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.