

FILED APR 8 1949  
Registration District No. 299

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Stevan Nursing Home 4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 months  
(Specify whether  
In this community 6 mo.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 054  
(c) City or town Marysville  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22  
year 1942 hour 1 minute 15 P.M.  
21. I hereby certify that I attended the deceased from March 11  
1942 to March 22 1942  
that I last saw him alive on March 21, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis  
Duration Unknown

Due to 93 R  
Due to \_\_\_\_\_

Other conditions Terminal Broncho-pneumonia  
(Include pregnancy within 3 months of death) since March 20, 1942

Major findings: None  
Of operations None  
Of autopsy None  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME August Heidbrink

3. (b) If veteran, name war no. 3. (c) Social Security No. none

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

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased December 7th 1849  
(Month) (Day) (Year)

8. AGE: Years 92 Months 3 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired merchant

11. Industry or business \_\_\_\_\_

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Sam C. Heidbrink

(b) Address Marysville, Missouri

17. (a) Cremation (b) Date thereof 2/27/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation maurywood no

18. (a) Signature of funeral director abraham

(b) Address St. Ignace, Missouri

19. (a) 2/22/42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

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 Kenneth G. Davis (M. D. or other) M.D.  
Address 3501 Woodland Date signed March 2, 1942

**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..... *W. H. Hodie* .....

Licensed Embalmer No. *3637* .....

P. O. Address *Higgenwells Mission* .....

**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.**