

FILED SEP 3 1942

State File No. ....

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3150

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: **88 Janssen Place /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **xx**  
(Specify whether  
In this community **51 years**  
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. **88 Janssen Place**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME **Joseph H. S. Heim**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Harriet Heim** 6. (c) Age of husband or wife if alive **52** years  
7. Birth date of deceased **February 25 1891**  
(Month) (Day) (Year)

8. AGE: Years **51** Months **5** Days **27** If less than one day hr. min.

9. Birthplace **Los Angeles Calif. /**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Vice-President**

11. Industry or business **Heim Real Estate Co.**

12. Name **Michael G. Heim**

13. Birthplace **Belleville Ill. /**  
(City, town, or county) (State or foreign country)

14. Maiden name **Ida Miller**  
15. Birthplace **East St. Louis Ill /**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Harriet Heim**

(b) Address **88 Janssen Place**

17. (a) **Burial** (b) Date thereof **8-24-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Mt. Washington Cem.**

18. (a) Signature of funeral director **J.M. Wagner**  
(b) Address **Kansas City, Mo.**

19. (a) **8-22-42** (b) **M. M. Brown**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **22**  
year **1942** hour **4:45** minute **a** M.

21. I hereby certify that I attended the deceased from **April 1941** to **Aug 22 1942**  
that I last saw him alive on **Aug 22 1942**  
and that death occurred on the date and hour stated above.

Immediate cause of death **heart arteriosclerosis**  
**phlebotomy**  
Due to **coronary sclerosis**  
Due to **arterio. sclerosis**

Other conditions **94a**  
(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 **H. M. Mante** (a D. or other)  
Address **618 Prof. Bldg.** Date signed **8-22-42**

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

MOTHER FATHER

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**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 A. R. Hainschild

Licensed Embalmer No. 4159

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.**