

FILED NOV 4 1942

Registration District No.

Primary Registration District No.

Registrar's No.

83
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Platte

(a) County Platte

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

(c) Name of hospital or institution: Route one Platte City, Mo
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Platte

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

(d) Street No. Platte City, Mo R. one
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country USA

3. (a) PRINT FULL NAME ARA BELLE HEATHMAN

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17 year 1942 hour 4 minute - P.M.

21. I hereby certify that I attended the deceased from October 14, 1942 to October 17, 1942 that I last saw him alive on October 17, 1942 and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Elid. Heathman 6. (c) Age of husband or wife if alive 5 years (Month) 10 (Day) 70 (Year)

Immediate cause of death Cerebral Hemorrhage Duration

Due to Arterio-sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

77 1 12 hr. min.

9. Birthplace Clay Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation N.W.

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations 83a

Of autopsy

11. Industry or business

12. Name Samuel King

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

14. Maiden name Cassie McRee

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

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 Dr. Charles R. ... (M. D. or other) Dr.

Address Platte City, Mo Date signed 12-19-42

16. (a) Informant Mrs. Edgar ...

(b) Address No. 112 ...

17. (a) Burial (b) Date thereof Oct. 20, 42 (Month) (Day) (Year)

(c) Place: burial or cremation Smithville Mo

18. (a) Signature of funeral director Veroston F. ...

(b) Address No. 112 ...

19. (a) Oct. 27-42 (b) Mrs. Clay Liffie (Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. Platte

District File Number 11-42-90

Date Filed 11-3-46

*Please sign
and mail to
Morton Funeral Ho
North Kansas City?*

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 Blair E. Taylor
Licensed Embalmer No. 2729
P. O. North KC 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.