S. No. 2
M—5-42
. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36235

Registration District No. 149 Primary Registration District No. 1602 Registrar's No. 4427

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

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: 3660 Summit Street, /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 years, (Specify whether
In this community 30 years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson

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

(d) Street No. Southland Hotel
(If rural, give location) 3517 main

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

If yes, name country

3. (a) PRINT FULL NAME Mrs. Emma Thomas Heller,

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Harry E. Heller,

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased June (Month) 30 (Day) 1862 (Year)

8. AGE:

Years	Months	Days	If less than one day
80	4	29	hr. min.

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

10. Usual occupation at home,

11. Industry or business no.

FATHER
12. Name Hohn Thomas,
13. Birthplace Unknown, (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emma Demerritt,
15. Birthplace Unknown, (City, town, or county) (State or foreign country)

16. (a) Informant Harry E. Heller,
(b) Address Southland Hotel, K. C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-3-42 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 11-30-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 29 day Nov. year 1942 hour 3 30 P. minute M.

21. I hereby certify that I attended the deceased from 1934, 19 11/29/1942, 19 ; that I last saw her alive on 11/29/42, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia (Hypostatic)	
Due to Sepsis - Fractured Hip, Senility, Osteomyelitis	
Due to	
Other conditions Senile Dementia (Include pregnancy within 3 months of death)	

Major findings:
Of operations ✓
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) Hip Fract. 1934 (Remote)

(b) Date of occurrence May, 1934

(c) Where did injury occur? St Louis (City or town) (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on street (downtown) St Louis (Specify type of place)

While at work? No (e) Means of injury Fall on Curb

23. Signature Edward P. Heller (M. D. or other) MD

Address 1010 Professional Bldg K. C., Mo. Date signed 11/30/42

(Licensed Embalmer's Statement on Reverse Side)

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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 E. M. Blair

Licensed Embalmer No. 1848

P. O. Address N. C. 2108

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.