

FILED DEC 18 1942

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4537

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:
1728 West 35th Street 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community 5.2 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. 1728 West 35th Street
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME JOSEPH MARTIN HEINZLE

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, Widower
6. (b) Name of husband or wife Petera 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased July 7, 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 4 27 hr. min.
28

9. Birthplace Austria 4
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Meat Salesman

11. Industry or business Neuer Brothers

MOTHER FATHER { 12. Name Joseph Heinzle
13. Birthplace Austria 4
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Noll
15. Birthplace Austria 4
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Antoinette Heinzle

(b) Address 1728 West 35th

17. (a) Burial (b) Date thereof 12/7/1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marg's

18. (a) Signature of funeral director Quirk & O'Brien

(b) Address 20 West Linwood

19. (a) 12-7-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 4th
year 1942 hour 7: minute 40 P. A. M.

21. I hereby certify that I attended the deceased from November 15, 1942, to December 4, 1942
that I last saw him alive on December 3, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Diarhorea + Enteritis Duration 4 weeks

Due to 1200

Due to.....
Other conditions Renitis
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations.....
Of autopsy.....
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 M. M. Crowe (M. D. or other)
Address 3850 Broadway Date signed 12-7-42

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

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 *Charles M. Zwick*.....

Licensed Embalmer No. *3774*.....

P. O. Address.....

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.