

FILED MAR 20 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1240

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of town or zip)
(c) Name of hospital or institution: Lakeside Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Months Few Minutes
(Specify whether 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. 1810 East 42nd Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -----

3. (a) PRINT FULL NAME Rose Marie Heuertz

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

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

6. (b) Name of husband or wife ----- 6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased April 23 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
10 18 24 hr. min.

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

10. Usual occupation Infant

11. Industry or business -----

12. Name Henry M. Heuertz

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

14. Maiden name Josephine Moran

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

16. (a) Informant Mr. Henry M. Heuertz
(b) Address 1810 East 42nd Street

17. (a) Burial (b) Date thereof Mar. 12, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. St. Mary's Cemetery

18. (a) Signature of funeral director W. H. Newcomer Long
(b) Address 1401 Brush Creek Blvd.

19. (a) 3-12-43 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11th year 1943 hour 9 minute 15 A. M.

21. I hereby certify that I attended the deceased from March 10 1943, to March 11 1943; that I last saw her alive on March 11 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia
Complicating Respiratory
& Cardiac Failure

Due to Bronchopneumonia

Due to 101

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 A. L. Antley (M. D. or other) D.O.
Address 608-9 Chambers Bldg. Date signed 3, 11, 43

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

MOTHER FATHER

Duration
Physician
Underline the cause to which death should be charged statistically.

608-7-~~Chamber~~ Bell (256-1211)

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 Emile M. Colburn

Licensed Embalmer No. 3506

P. O. Address 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.