

FILED JUN 30 1943

Registration District No. 149

Primary Registration District No. 1002

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: 2916 E. 35th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 55 years years, months or days

3. (a) PRINT FULL NAME Mrs Dora Heinz
3. (b) If veteran, name war no **3. (c) Social Security No.** none

4. Sex F **5. Color or race** White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Christian Heinz **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased April 8th 1868 (Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER
12. Name Valentine Mays
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Mary Gost
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Florence Heinz
(b) Address 2916 E. 35th St.

17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 6-16-43 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Freeman Montague
(b) Address Kansas City, Mo.

19. (a) 6-14-43 (Date received local registrar) **(b) P.E. Brown** (Registrar's signature)

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. 2916 E. 35th (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14 year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Jan 1 1943 to June 14 1943
that I last saw her alive on June 12 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Aggranulocytosis

Due to Flu
Due to _____

Other conditions (Include pregnancy within 3 months of death) no

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) (c) Means of injury _____

23. Signature W.R. Jackson (M.D. or other) MD
Address 1107 Brilliant City **Date signed** 6/14/43

Duration ?
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

1-5-
11 0848
Embalm Body
Wm R.

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 Clarence W. Chiles

Licensed Embalmer No. 3473

P. O. Address. 76 e 700

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.