

FILED OCT 13 1943

Registration District No. 799

Primary Registration District No. 1002

Registrar's No. _____

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:
3240 East 28th Street, 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X
In this community 4 years
years, months or days (Specify whether)

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. 3240 East 28th Street,
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Miss Laura Heimbroock

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 Single

6. (b) Name of husband or wife X

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

7. Birth date of deceased May 9 1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>80</u>	<u>4</u>	<u>14</u>	<u>hr. _____ min.</u>

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

10. Usual occupation at home,

11. Industry or business X

MOTHER FATHER

12. Name Henry Heimbroock,

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

14. Maiden name Anna Martin,

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

16. (a) Informant Martin Heimbroock,

(b) Address 3469 E. 62nd St., Kansas City, Mo.

17. (a) Removal Salisbury, Missouri
(Burial, cremation, or removal) (b) Date thereof 9-23-43
(Month) (Day) (Year)

(c) Place: burial or cremation Salisbury, Missouri

18. (a) Signature of funeral director Stins & McClure,

(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 9-26-43 (b) T.E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 23rd
year 1943 hour 11:30 minute P. M.

21. I hereby certify that I attended the deceased from Sept 14
1943 to Sept 23 1943
that I last saw her alive on 9/21/43
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
C.O. - Hypertension

Due to 930

Due to 97

Other conditions 97
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration 4 yrs

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) _____

(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)

23. Signature James D. Smith (M. D. or other) 9/24/43
Address 318 Prof. Bldg. K.C. Mo. Date signed

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

Dr. J. D. Smith

Vi 2780 prof. by.
after noon

OCT 29 1943

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 *J. Clair Sheppard*
Licensed Embalmer No. *4179*
P. O. Address *K. C. 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.