

FILLED DEC 22 1943/9
Registration District No.

Primary Registration District No. 1002

Registrar's No.

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:
Research Hospital,
(If not in hospital or institution, write street number & location)

(d) Length of stay: In hospital or institution 2 weeks
(Specify whether years, months or days)

In this community 14 years,
(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. 200 West Armour,
(If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Annie B. Heaney,

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

3. (c) Social Security no. No.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife George B. Heaney

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

7. Birth date of deceased April 13 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

77 7 24 25 hr. min.

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

10. Usual occupation at home,

11. Industry or business X

12. Name J. C. Armsbrong,

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

14. Maiden name Temple Neff,

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

16. (a) Informant Miss Irene Armstrong,

(b) Address 200 W. Armour, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-9-43
(Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

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

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 12-8-43 (Date received local registrar)

(b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 7th
year 1943 hour 2:30 minute P. M.

21. I hereby certify that I attended the deceased from Nov. 23, 1943 to Dec. 7, 1943
er Dec. 7, 1943

that I last saw h... alive on... and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Due to Myocardium
Myocarditis

Due to 932

Other conditions (Include pregnancy within 3 months of death)

Duration

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)

(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 W. E. Smith (M. D. or other)

Address 921 N. W. 18th Date signed 12-8-43

Dr. Donald Black

Dr. Donald Black

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 *John H. Hurley*.....

Licensed Embalmer No. *4050*.....

P. O. Address *Kansas City, 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.