No. 2
—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1944

Registration District No. 1/4

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 1448

Registrar's No. 384

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: / Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community 16 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 3406 Mersington
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: no

3. (a) PRINT FULL NAME: HELEN JOAN HEFTER
3. (b) If veteran, name war: no
3. (c) Social Security No.: No

4. Sex: fe
5. Color or race: wh
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: unknown
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: feb (Month) 22 (Day) 1944 (Year)

8. AGE: Years: 16 Months: 11 Days: 00 If less than one day ____ hr. ____ min.

9. Birthplace: Kansas City (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: High School
11. Industry or business:
FATHER 12. Name: John Hefter
FATHER 13. Birthplace: Missouri (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Rhoda Morris
MOTHER 15. Birthplace: Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: John Hefter
(b) Address: 3406 Mersington
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 25 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park
18. (a) Signature of funeral director: Eylar Funeral Home
(b) Address: 1800 Linwood Blvd
19. (a) Jan 24 1944 (Date received local registrar) H. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan. day: 22 year: 1944 hour: 5 minute: 45 a.m.
21. I hereby certify that I attended the deceased from 4/17 1943 to Jan 22 1944 that I last saw her alive on Jan 21 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Hodgkins Disease — Duration
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy: 44/

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? (Specify type of place)
While at work? (e) Means of injury: ( )

23. Signature: H. L. Douglas (M. D. or other)
Address: Plaza Med Bldg Date signed: 1/22/44

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(Licensed Embalmer's Statement on Reverse Side)

Dr Harry L. Douglas
315 Alameda Rd
Phone 6947 Va

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 Chas E. Wilkes

Licensed Embalmer No. 2644

P. O. Address 1800 Linwood

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.