S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1944

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6105

Primary Registration District No. 1002

Registrar's No. 687

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: 3918 Charlotte, /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether
In this community since last June
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48

(c) City or town Kansas City, 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3918 Charlotte 0
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country x 0

3. (a) PRINT FULL NAME Robert E. Heinz

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

3. (c) Social Security No. no.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Jewel Heinz,

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

7. Birth date of deceased December (Month) 21 (Day) 1867 (Year)

8. AGE: Years 75 Months 1 Days 19 18 If less than one day hr. min.

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

10. Usual occupation Retired,

11. Industry or business x

FATHER
12. Name Unknown,
13. Birthplace Unknown, (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown,
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant W. W. Heinz,
(b) Address 4001 E. 68th Ter., Kansas City, Mo

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 2-11-44 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 2-16-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 10th year 1944 hour 5 minute 40 a. M.

21. I hereby certify that I attended the deceased from 11-2 1943, to 2-10 1944, that I last saw him alive on 2-8 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Prostate	1½ yrs
Due to Pyelonephritis	3 Mos.
Other conditions Arterio sclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy 5 lb

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 0

23. Signature J. E. Sheldon (M. D.)
Address 902 Wood Date signed

861 (Licensed Embalmer's Statement on Reverse Side) K. C. Mo.

Dr. J. G. Sheldon
Lt. at Vineyard Park
14 on pt.

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 L. 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.