

FILED APR 6 1944
1949

Registration District No. _____ 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: K. C. General Hospital No. 10
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days
(Specify whether years, months or days)

In this community 50 Years

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. 1606 E. 8 St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Wallace Heckman

3. (b) If veteran, No name war _____

3. (c) Social Security No. 497-14-1528

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Laura

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

7. Birth date of deceased September 16th, 1870
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 3
If less than one day _____ hr. _____ min.

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

10. Usual occupation Cook

11. Industry or business Unity Inn

MOTHER FATHER { 12. Name No Record

13. Birthplace No Record
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Laura V. Lubke

(b) Address 5611 East 23rd. Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-21-1944
(Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address Kansas City, Mo.

19. (a) 3-21-44 (Date received local registrar) (b) D. C. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 19 day
year 1944 hour 12 N. minute _____ M.

21. I hereby certify that I attended the deceased from March 7 19 44 to March 19 19 44
that I last saw him alive on March 19 19 44

and that death occurred on the date and hour stated above.

Immediate cause of death Obstructive jaundice possibly due to carcinoma

Due to _____

Due to _____

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

Major findings: Of operations 465

Of autopsy None

Duration _____

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? _____

White at work _____ (Specify type of place)

(2) Means of injury 0

23. Signature A. E. Washer Med. W. D.
D. M. Coy (M. D. or other) 5-20-44
Address _____ Date signed _____

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 Ralph W. Runnels
Licensed Embalmer No. 3860
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.